(VRA 15. 4)

na la la la la compania de la compa CHERIC PULLIFER OF CHECKETHY SECTES 1 HOLD HILLINGER STATULE PLEST CHEN CHED PIECE SURGERY & LARVING THE SURE OF STREET TESTS INTO AND THE SERVICE The state of the s ANOTHER ROBER JULIE HELENS HERITEL . 1 = 8 = 27 = 2 = 1 .

318056

1. DECEASED NAME

FOR	DEPARTMENT OF HEALTH AND
STATE	
REGISTRAR	CERTIFICATE OF I

STATE OF MARYLAND DEATH

REG. 1	NO.				
26 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
	11	11.	85	12.	401
6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDE	RIYEAR	IF UNDER	R 24 HRS
57	VBS	MONTHS	DA15	MOURS	MIN.

X			ANCIS	(FRANK)	PHILLIP	H	ŮRKA	JR.	20 DATE OF DEATH MONTH	DAY	YEAR YEAR	26 HOUR
	3 SE		7-7-10	4 RACE		S. DATE C			6 AGE (IN YEARS LAST BIRTHDAY)	IF Un	DER I YEAR	IF UNDER 24 HRS
	1	Male		White	2	Octo	ber 3,	1928	57 _v	RS.	HS DATS	MOURS MIN.
5		RTHPLACE (STATE ORF	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE		MARRIED T	Baltimore city or cou		DEATH	MD
1		TY OR TOWN OF DEA Baltimore	ATH	(IF NOT IN SUC	HOSPITAL, NURSING H FACILITY, GIVE STREET A S SCOTT K	(DDRESS)			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Engineer		VDUSTRY	F BUSINESS OR
5	13a. S	al residence (# Nursi STATE aryland	13b. COUI		I Baltimo:	V	13d INSIDE	NO [13e STRFET ADDRESS / ZIP (2936 McEldery	St.	21 20	5
0		THER'S NAME FIRST CANCIS	Ph	illip	Hurka	Sr.	15 MOTHER Ma	S MAIDEN NA	Elizabeth]	Hombe	
		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? VE WAR OR DATES)	212-26-		Lesli		300 East 32nd	St.		
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE		line for (a), (b), and		ALKE	71			BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, gove rise to imm cause (a), statin underlying cause	nediote g the	DUE TO O	RAS A CONSEQUE RAS A CONSEQUE POLICIA	OS CO		e: 5 e.				
	NOIL	PART 2 OTHER SIGN			DISTRIBUTING TO D				IN AL DISEASE OR CONDITION		V PART 110	

IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from. saw the deceased alive on, and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated

obove, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 5200 GASTERM

JACORI BALTIMONE 23d LOCATION
Baltimore City 236. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE Burial

Most Holy Redeemer

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

8

orked or them

MPORTANT: If Ite

(VRA 15, 4)

Mitchell-Wiedefeld Home 6500 York Road 21212

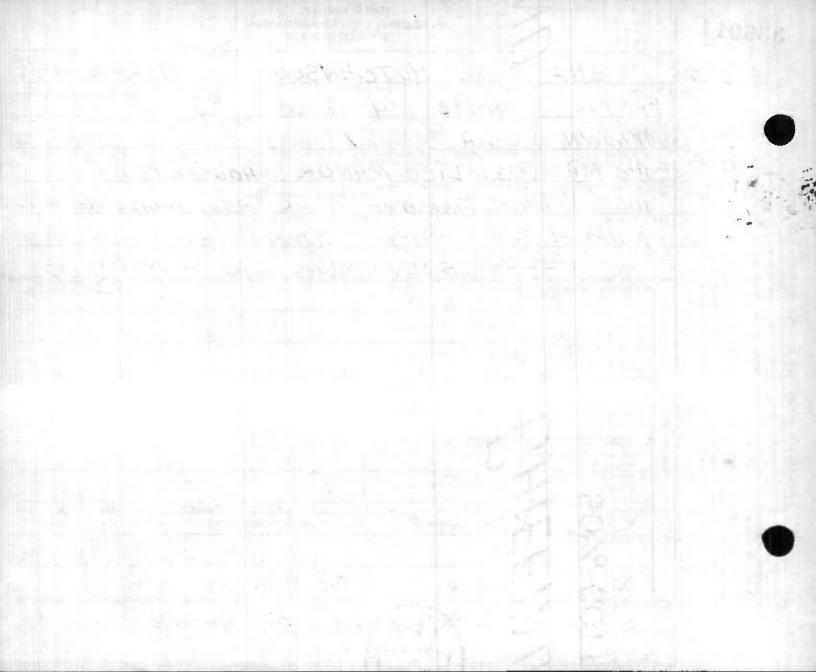
11-14-85

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Md.

336011	1-	FOR STATE	DEPARTM	STATE OF MARYLAND THE STATE OF MARYLAND THE STATE OF MARYLAND THE STATE OF DEATH	GIENE 5 3	0
ay be		REGISTRAR DEASED NAME FIRST OR PRINT) E//A	MAUDE HO	TeHINSON S. DATE OF BIRTH	REG. NO. 20. DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHOAY)	0AV YEAR 2b. HOUR 45 22-85 4 7 M IF UNDER 1 YEAR 1F UNDER 24 HRS
after death. Page 4 mc of the funeral director, p ed within 72 hours after	70. BII	RTHPLACE (STATE OR FOREIGN ON 1997) TY OR JOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? U.S. A 11. NAME OF HOSPITAL, NURSIN LIENOT IN SUCH JACUITY, ONE STREET.	B. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED OF OTHER INSTITUTION ADDRESS A A A A A A A A A A A A A A A A A A	9 BALTIMORE CITY OR COUP BALTIMORE CITY OR COUP 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE	NTY OF DEATH LE LY MD. 12b. KIND OF BUSINESS OR SLIFE) INDUSTRY
Completelly filledm by 1 and 2 should be fill	130. S	TATE 131 COUNTIES THER'S NAME PIEST NAME	Bell Harv	13d. INSIDE CITY LIMITS? YES NO PL 15. MOTHER'S MAIDEN NA EY SUSON	130. STREET ADDRESS 4527 LOU AME	visville R.S. Moon
BALTIMORE, Ma cate be executed v vysician and campl topers. Pages 1 after vval.		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU 215 22	9800 Delores Pa	angle Fink	Sburg, MD APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
201 W. PRESTON ST., res that the death certifined by the attending places remove carbon purial, cremation, or removinal, crematic every, or other traumatic eve	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	MINAL DISEASE OR CONDITION	
TAI RECOR	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED 216 HOW INJURY OCCUP		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO 18 PART LOR PART 2
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law requir or ortending physician. After this certificate has been sig e as the burial-transit permit. There alth and Mennal Hygiene pricar to be marked or term 18 shores any injur	MEDICAL C	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	ATH HOUR A.M. MONTH DA P.M. 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19 211. LOCATION	CITY ORTOWN	COUNTY STATE
OR ATTENION PROPING PR		saw the deceased alive an	of the body after death.		death accurred on the date and	
TO HOSPITAL (To FunERAL I should be deta with the State I IMPORTANT: if	23a. f	ATTHIN M BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	236. DATE 236. N	JAME OF CEMETERY OR CREMATORY OKE VIEW CEMETER	23d. LOCATION	Carroll MD
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FI	HARN W. HO	right syres	25a. D.A		SISTRAR'S GIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

325151	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL HYG DEATH		5. NO.				
may be page 3	1. DE	CEASED NAME	FIRST) ILL I f	3M	MIDDLE	HUT	SON	Sr.	20 DATE OF DEAT	-	DAY 16	VEAR 85	26 HOUR 200 AM
rector. po	SE	MALE	- 13	4 RACE	CASIAN	S. DATE C	F BIRTH	1906	6. AGE INYEARSTA	YR	MONTH	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
deoth. Po		RIHPLACE (STATE OR F	re	U.9	what country? . A .	MARRIE		NORCED	9 BALTIMORE CI	TIMOR		DEATH (TY MD.
by the fulled with		BALTIMO	RE	(IF NOT IN SUI	HOSPITAL, NURSIN CH FACILITY, GIVE STREET MERC	ADDRESS)	HOSPI-		Ma Intai	nence		DUSTRY	ILLERY
filled in	130	AL RESIDENCE (IF NURS STATE Md.	136 COU		130 CITY OR TOW Balto	N	13d. INSIDE O	NO 🗌	13e STREET ADDR	SS / ZIP CO	DDE .nso:	n St	21224
omplete and 2 st		John T.	Hud		LAST			'S MAIDENNA/ FIRST Marque	erite	Leona	rd	ŁAS1	
be execu		VAS DECEASED EVER YES NO OR UNKNOWN) Yes	LIFYES GI	MED FORCES? VE WAR OR DATES) 4-24	213-05-		Mrs.				103		Robinson
g physici onpoper emovol.		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	nly ane cause pe ED BY. TE CAUSE (0)	r line for (a), (b), on		atte	st					MATE INTERPALE 2
e death ce e attending mave carb nation, ar r traumatic		Conditions, if any, gave rise to imm	nediate	(b)_		moni						24	uks
ed by the please re		cause (a), statin underlying couse PART 2 OTHER SIGN	lost	((c)_	ONTRIBUTING TO		NOT PELATE	D TO THE TERM	INAL DISEASE OF	CONDITION	GIVEN IN	I PART 110	
een sign if Then for to bu	MOIT	190 DATE OF OPERA		pre	Veureni	8	1.20		200 AUTOPSY?			RE FINDIN	
The fow cion.	CERTIFICATION				256.14	OPERATIO		= 11.5	YES NO	IN CEI	YES [CAUSES	OF DEATH?
g physici g physici entificate rial-transi ental Hygi		210. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF CONT	CAUSE OF DE	ATH HOUR A	DF INJURY .M. MONTH D. .M.	AY YEAR	21c. HOW IN	NJURY OCCURE	RED (ENTER NATURE O	INJURY IN ITEM	18 PARI C	OR PART 2)	
offendir offendir ter this os the bu h ond M	MEDICAL	21d INJURY OCCURE			OF INJURY REET FACTORY, OFFICE, F	x1	211. LOCATI		CITY	ORTOWN	c	OUNTY	STATE
intending or spirol or STOR. After use of Health 21 is mo	U	220 I certify that (1) sow the decease above (1) (we let	d olive on	NOV	1 10 19	1101 85. or			death accurred an t	he date and	, 19 haur ond	fram the c	hot (h (e) lost causes stated
the hose of the post of the post of the post of the popt.	1	226. SIGNATURE	AM	Cas	and,	m	DEGREE)	ATTENDING	MEDICAL	STAFF		22c. DATE	6 85

IMPORTANT: If Hem 21 is marked or Item 18 shows any 230. BURIAL,

CASSADY 23b. DATE

11-19-85

MERC 234 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

HOSPITAL

CREMATION, REMOVAL Burial

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Gardens of Faith

Baltimore, Maryland

24 FUNERAL DIRECTOR

John C. Miller Inc. 6415 Belair Rd

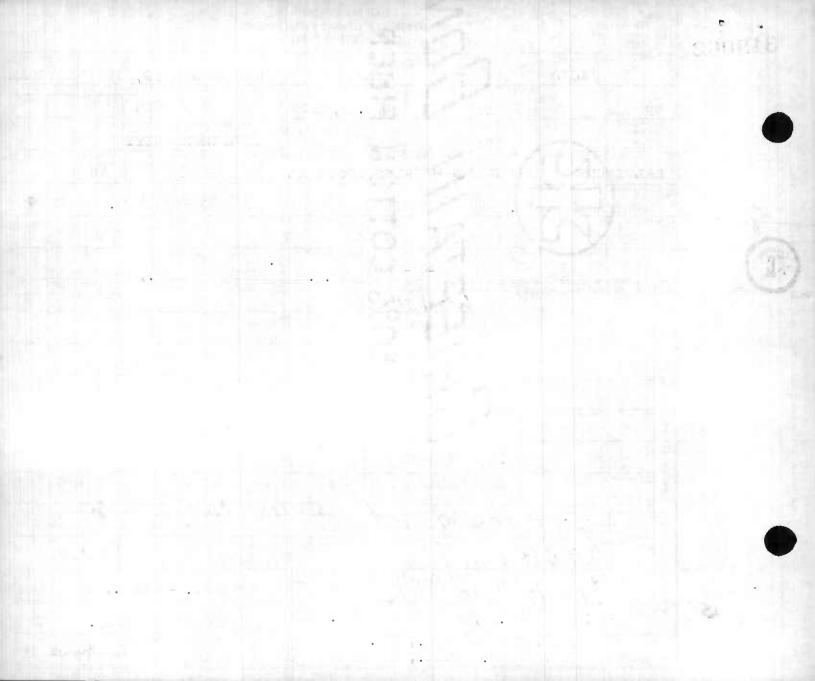
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE NOV 18 1985

a Friden Randette

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

(VRA 15, 4)



330146	1-	FOR TEM! STATE TEM! REGISTRAR 5-	16-80	Sec N	DEP		HEALTH AND MENTA		REG. NO.	O ?	nd l
nay be poge 3		OR PRINT)	FIRST	Mari	an		braglio		PL	0-85	210 A
ge 4 may ector, pog 's after de	3. SE	Female		4 RACE White			e of Birth ne 30, 1921		. AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR	HOURS MIN.
oth. Page 72 haure	_ (RTHPLACE (STATE OR I COUNTRY)		U.S.A.	WHAT COUN	JTDV2 8	RIED MEVER MARRIE	ED 🗆 9	Baltimore City OR COUN	TY OF DEATH	46
s ofter de by the fun		TYORTOWN OF DE	АТН	11. NAME OF	HOSPITAL, N	URSING HOM	E OR OTHER INSTITUTION	ON 1	26. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Inspector	12b. KIND C	MD. DF BUSINESS OR L Mfgr.
AND 212 AND 212 Filled in sould be	13a. S	AL RESIDENCE (IF NURS TATE aryland	13b. COU	OTHER INSTITUTION NTY	13c. CITY OF Dund	NWOT	13d. INSIDE CITY LIM		3 street address 3447 McShane	Way 212	222
MARYL ectrophi ond 2 st	7	THER'S NAME PIRST		J.	Watte		Gaye FIRST	DEN NAME	WIDDIE	Llô	byd
be execution and con and con medical		VAS DECEASED EVER VES, NO OR UNKNOWN)		RMED FORCES?		SECURITY NO. 2-8176		Horv	vath Box 62 Li	nden, V	A 22642
Trificote physicic physicic phoperities amoval.		18 CAUSE OF DEAT PART I. DEATH W		nly one couse pe ED BY: TE CAUSE (a)	r line far (a), (b), and (c) Cardin	Mulmonan	Ames	ł .	APPROX BETWEEN	(MATE INTERVAL ONSET AND DEATH
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician. The low requires that the death certificate be executed within 24 hours free this certificate has been signed by the oftending physician and completely filled in by as the burial-transit permit. Then please remove corbonopopers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, ar removal. orked as the medical examiner minuty, or other traumoric event, the medical examiner mushbe and them 18 shows any injury, or other traumoric event, the medical examiner mushbe and the medical examiner.		Canditions, if ony gove rise to im- couse (o), statin underlying cause	nediote ig the	1 0	In	SEQUENCE OF	lamic Herm	onhay	· -	3 d	lays
low requires so been signed ermit. Then ple ermit. Then ple e prior to burints is ony injury, o	CERTIFICATION	PART 2. OTHER SIGN An: 19a. DATE OF OPERA	11004	rule tren	- K.	H. D.	UT NOT RELATED TO THE			ES, WERE FINDING TIFYING CAUSES	NGS USED
SION OF VITAL PHYSICIAN: The ending physicion this certificate the buriol-transit p ad Mental Hygien d or Hem 18 shaw		210, ACCIDENT WAS UNI	CAUSE OF DE	ATH HOUR A		H DAY YEA	R	OCCURRE	PES NO NO DE LE	YÊS	NO [
IVISION UG PHYS ottendin ter this of state but n and Me rked or h	MEDICAL	214 INJURY OCCUR			OF INJURY REET, FACTORY, O	OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
R ATTENDIN hospital ar RECTOR. Af red for use a spt. of Health		220. certify that (I) saw 11 deceas above (A) (we) (19 85	ond that in (m) (aur)	opinian de	ath accurred on the date and h	our and from the	thot (we) lost couses stated
ALOR A the LOR A L DIRECTOR THE DEPT. T. If Hem		22b. SIGNATURE	ord	Alap.	, m		DEGREE ATTENE PHYSIC	DING CIAN []	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
O HOSPI Number to O FUNE Hould be whost Ah		59 rfu	AME (TYPE O	Lops,	mp		Francis Su	ott K	es Medial Center	Bytim	ne my
BP/415	230 B	BURIAL, CREMATION, SPECIFY) Urial	REMOVAL	23b. DATE 11/23/	/1985		cemetery or cremans of Faith	Cem.			
DHMH-16 30M 2/80 (VRA 15, 4)		INERAL DIRECTOR NAME Broc	oks Bi	radley,	Inc.	ondalk Sundalk	, MD 21222		REC'D. BY REGISTRAR 255 REG	STRAR'S SIGNAT	TURE

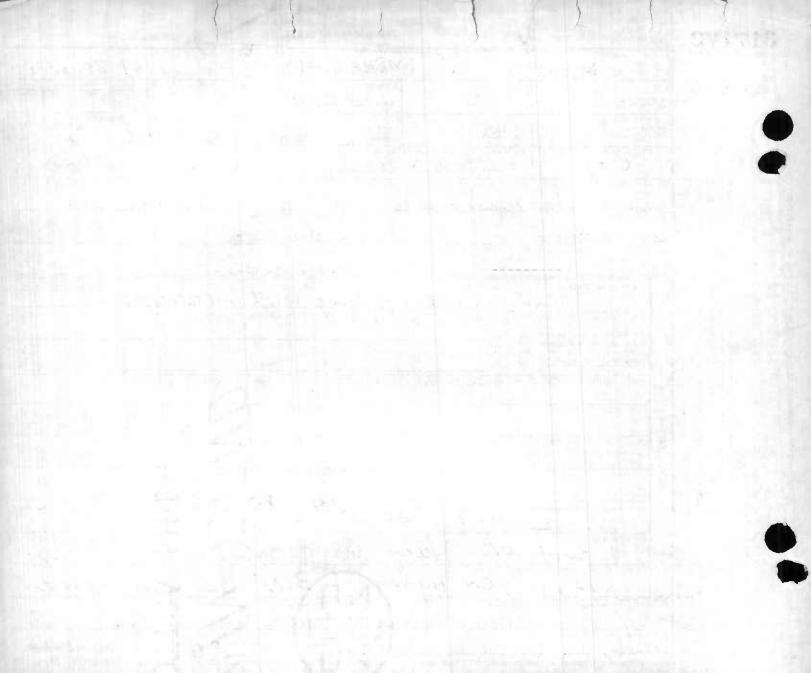


DHMH - 16 50M 4/83 (VRA 15, 4)

Ambröße, Inc. 1328 Sulphur Spring Rd. 21227

NOV 08 1095

GISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

The state of the s

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1100 - 11

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1	1	FOR			ST. DEPARTMENT OF	ATE OF MAI		VCIBLE 5	3 0	9 6	2
3333119	1-	STATE REGISTRAR			DICAL EXAMI		RTIFICATEO	FDEATH	REG. NO.		1
1		CEASED NAME	FIRST		WIDDLE	LAST	ř	20 DATE KN	NOWN TO MONTH	DAY YEAR	Zb HOUR
Maria S	(11)	E OR PRINT)	Harry		J.	Jack	son, Sr.	OF E	:SII-	2119 85	M
APY, PLEASE DIRECTOR DIRECTOR ON STREET	I SEX	4. RAC	E 5. D	ATE OF BIRTH	YEAR LAST BIRTH	YEARS IF UNDER	R 1 YR. IF UNDER		MONTH		2d HOUR
N 25 83	m	ale bla		9 15	1911 74	Monthio	DAYS HOURS	MIN PRONOUNCE DEAD	11	21 19 85	10:0
HIN CHIN	170/B	RTHPLACE (STATE OR PREIGN COUNTRY)		CITIZEN OF WI	HAT COUNTRY?	8 MARRIED	NEVER MARRI	ED 9 BALTIMO	RECITY OR COUP	NTY OF DEATH	
DAY OF THE PROPERTY OF THE PRO	1	Md		USA		WIDOWED	DIVORCE	Balti	more Cit		MD
A PAGE	10. C	TY OR TOWN OF DE		(IF NOT IN SUCH FA	PITAL, NURSING HOA	5)	INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKIN		OR INDUST	RYC+
306 300	HSII	Baltimore			Whitby Roa			Retired		Bethleh	am
MD. 21201 H. IF AN 1 A 3. AND 3 A 2. SHOULD		TATE Md	136. COUNTY	REK INSTITUTION, GI	13c. CITY OR TOWN	13d.		13e. STREET ADDRESS		21206	
D. 2. A. 2.	14 F	ATHER'S NAME			Baltimore		MOTHER'S MAIDE		by Road	21200	
NON STA		Harry	WID	J.	Jackson		Sophie	MIDD	l£	Unknown	
MONAGO —	16a. \	WAS DECEASED EVER			166. SOCIAL SECUR	ITY NO. 17.	INFORMANT		ADDRESS	OHKHOMI	
SAFTER DEATH. IF ANY GIVE PAGES 1, 2, AND THE FORM PM 3. RETA PAGES 1 AND 2 SYDUIL VISION OF VITAL RECO	0	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR C	OR DATES)	220-03-92	282 Ma	arv Jacks	on 9 E. Phl	ox Circl	e Owing	s Mills
HOURS MA 18. G WIE WIT RMIT. P. KINE, DIV		18. CAUSE OF DEA	TH (Enter only an	e cause per line						APPROXIMATE BETWEEN ONSE	E INTERVAL
PRESTON ST., ITHIN 24 HOU! CIL IN ITEM 18. VER ALONG W ANSIT PERMIT. AL HYGENE, D REMOVAL.		PART I DEATH W	AS CAUSED BY:	AUSE (a) St	rangulatio	n				BETWEEN ONSE	I AND DEATH
STO					AS A CONSEQUENCE			200			
PREV ANS		Canditians, if		(b)							
PENCE TREE		cause (a) stating	g the <u>under-</u>	DUE TO, OR	AS A CONSEQUENCE	ē OF					
ON PARTY OF THE PA		lying coose lost		(c)							2 2 6
L RECORDS, 201 W. PRESTON ST., BALTIMORE, M ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, IF MEDICAL EXAMINER ALONG WITH FORM PA ED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 HEATTH AND MENTAL HYGIENE, DIVISION OF VIT HI, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTR	RIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION GIVEN IN PAI	RT 1 (a).			
REC MEN ME	CERTIFICATION	19a. DATE OF OPER	ATION	19b. CONDIT	TION FOR WHICH OP	ERATION WAS	PERFORMED?			20 AUTOPSY	2
SHOULD OND "PE CHIEF A E USED A URIAL, OURIAL, O	문	Stranger								YES 💢	NO 🗆
NE NE SE CONTROL OF V		210. EXTERNAL CAU		216. TIME OF	INJURY XMONTH DAY YE	21c HOW	INJURY OCCURRE	D LENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR I		
DIVISION OF VITAL S CERTIFICATE SHOUL RITING THE WORD " RDED TO THE CHIEF RE 3 SHOULD BE USE TE DEPARTMENT OF HOULD BE USE TO I PRIOR TO BURBLAND		UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT	H ? P.M	7 7 7 7		ect strar	naled			
VISIO TINO TINO TINO TINO TINO TINO TINO TI	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY (AT HOME,	21f. LOCAT	ION	CITY OR TOWN		OUNTY	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	>	AT WORK AT V	WHILE K	hom		5511		_		OUNT	MD
ATE, TATE, DRW		22a. I certify that	I took charge af	ing.semaint des	crimed above, held an	/ Autopsy	X, Inspection	lnquiry	ond in my o	apinian	
NEW PERSON		death resulted from	Plentrui co	oures 0.//	Academy . /	Suicide .	Hamicide X,	Undetermined mann	ier .		
XXX LID E LID E WITH			11	V	Much		TITLE (SPECIFY)				
* # # # # # # # # # # # # # # # # # # #		SIGNATURE	1 110	Work	Mux	M.DA	cting Chi	Lefedical Examin	DATE SIGN	11/22	/85
EDIC TIET T NOR WOR	1	EXAMINER'S NAME	0			9					
A PART A		(TYPE OR PRINT)	Tho		Smith, M.D		DRESS11		Е	Balto.MD.	
E05249	23a.B	URIAL, CREMATION,			23c. NAME OF C			23d LOCATION CITY OR TOWN	со		TATE
07/84 BP	24. F	UNERAL DIRECTOR	1a1 11	./27/85	Arbutus	Memoria		ARBUTUS REC'D. BY REGISTRAR	25b. REGISTRAR'S		MD
DHMH - 17 (VR A15 ME (5))		NAME	launch F/I	ADDRESS	1200 Habaal	h Augas	NO	26 1985		~:	26
(+K A13 //L (3))	WI	IIIdii L. M	arch r/f	1 West	4300 Wabas	<u>a Avenue</u>			4	n = 11	1

ATTENDED TO BE VUI

Film G610 item 6 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 12, 10, 85 r.ja 330044 CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 2b. HOUR CTYPE CONTRIBUTOR AGE (IN YEARS LAST BIRTHDAY) YEAR EGRO 07 To. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED RALTO. DIVORCED [WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 4 FATHER'S NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES INFORMANT (YES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line fogio), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0). DUE TO OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, 70b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [Hygi 7 In ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR ental OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a | certify that (1) (this happitel) attended the deceased from_ .. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased all obove, (1) (we) setd) (did not) view the body after deat) 22c, DATE SIGNED 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF should be deta with the State [PHYSICIAN DIRECTOR PHYSICIAN O FUNERAL MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MI NAME OF CEMETERY OR CREMATORY 23s BURIAL CREMATION REMOVAL 23b. DAJ STATE 236 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4))







LEKAL DIRECTOR: After this centricole has been signed by the oftending physicial production of the control director, page 3 decided for use as the burnal-transit permit. Then please remove carbonopoper. Page 1 and 1
deformed for use us me ovingerrousit permit their place remove coronitopes. For a size of the control of the co

311028	1/	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE S S	3 0	9 6 4	
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heath rag	Jo. B	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	Baltimore city of	R COUNTY OF DE		MD.
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on. hos been t permit ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING (YES []	FINDINGS USED CAUSES OF DEATH?	
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ottendir ter this s the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET. FACTORY OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TO	wn co	UNIY STATE	
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TAI OK.		22b. SIGNATURE Zd	elsh	- MD.	(MEDICAL STA	FF	11-4-85	
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STATE OF MADYLAND

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	R	EG. NO.			-11

17h. KIND OF BUSINESS OR

United Fruit Industry

IF UNDER 24 HRS

	REGISTRAR				CEKITI	ICAIE OF L	EAIN	REG	NO.		
	CEASED NAME	FIRST		MIDDLE	ł	AST		20. DATE OF DEATH	HTMOM	DAY YEA	28 110011
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3. SE	Х		4. RACE		5. DATE C			6. AGE (IN YEARS LAST	BRIHDAY)	MONTHS D	YEAR IF UNDER 24
	Male		Wh	ite	Mar	ch 28,	1913	72	YRS		N/3 NOOKS
	IRTHPLACE (STATE OR FOI	REIGN	76 CITIZEN OF	WHAT COUNTRY?	2	D NEVER	AAPPIED []	9 BALTIMORE CIT	OR COUN	TY OF DEATI	н
	lew Jersey		l	JSA	WIDOWE		VORCED	BALTIMO	E GIT	Y	
	ITY OR TOWN OF DEAT			HOSPITAL, NURSIN		OR OTHER INST	TITUTION	120 USUAL OCCUP	ATION	12b. KIN	ND OF BUSINES
-	BALTIMORE	/		CHEACILITY, GIVE STREET.	. OURESS)			Elec. Er			ited Fr
JSU. 3a. S	AL RESIDENCE (IF NURSING	G HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		1 13d. INSIDE C	ITY LIMITS?	113e STREET ADDRES	S / 7IP CC	DE	Indust
	MD	9	rford	Fallsto		YES [NO 🛛	402 Mou			21047
1.81	ATHER'S NAME		WIDDIE	LAST	113/5	15. MOTHER'S	S MAIDEN NA	ME	4-		LAST
	George	Wal	llace	Jackson		An		Middle		?	(ASI
	VAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	AD	DRESS		
0	YES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	008 07 2	2258	Hele	n S.	Jackson,	9	Same	
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	PART I. DEATH WA	S CAUSE	D BY:	11	1/1/1	m Bulla	1				mos
	1/	MMEDIA	TE CAUSE (o)		2001	Pro Propos	-			1	4116
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	underlying couse	lost.	DUE TO, O	R AS A CONSEQUE	ENCE OF						
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7	PART OTHER SIGN	FICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOTRELATED	TO THE TERM	IN AL DISEASE OR CO	DINDITION	SIVEN IN BAR	Tie I
ō	Enciph	ald	mali	ECIA S	CLOR	day	TOL	ardiac	an	est.	in /
CAT	198 DATE OF SPERATE	IN	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?			NDINGS USED
TIFIC	-1-3-1-5							YES NO	INCER	YES	NO [
CERTIFICATION	21a. ACCIDENT WAS UNDE	_			A.W. 145.45	21c HOW IN	IJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM I	IS PART I OR PAR	1 2)
	OR CONTRIBUTING CA		AIH	.M. MONTH DA	AY YEAR	100					
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	AT WORK NOT WHILE				12	10	97	n Al	20	CL	
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	sow the deceased	olive or	Nov a		15.0	nd that in (my)	(pur opinion	death occurred on th	e date and h	nour and from	the couses sto
	obove, (I) (wet (die	d) (diet no	ot) view the body	ofter deoth.		DEGREE				. 72c D	ATE FIGNED!
	lund In	will	lo 1		mi	70)	ATTENDING PHYSICIAN [TAFF	/ //	120/8
	224 PHYSICIAN'S NAM	AE NYPE	OR PIKINT)	1		22e ADDRES		DIRECTOR	SICIAIVE	14	100/0
1	11/18	1)1	mille	IN		Kock	il	100 W.	407	The of	1/2//
	MINDAR	7.W	14CCS	U		1/1834	11 44	/	70	10	70-77
	BURIAL, CREMATION, R	EMOVAL				EMETERY OR		23d. LOCATION	1	COUNTY	A AP 5
	Crematio	n	111/	21/85	Greei	1	Mount	Balto	, ,		MD

BP_ DHMH - 16 50M 4/83 (VRA 15, 4)

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Henry W. Jenkins & Sons Co. Road Balto., MD 21212 4905 York Road

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	STATE OF MARYLAND
No	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
335034	REGISTRA Charles S. JACQUETTE CERTIFICATE OF DEATH REG. NO.
COOOKT	1. DECEASED NAME FIRST MIDDLE LAST TO DATE OF DEATH MONTH DAY YEAR TO HOUR
2 74	Charles S Jacquette In 11/22/85 6:02pm
0 R4	1 SEX 1 RACE white 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 HRS.
1 65	Male CAUC. DE 10 20 65 YRS MONTHS DATS HOURS MIN
11 NO F	DIDTHDLACE WAS COMMENTED TO WHAT COUNTRY OF DEATH
1 11/26	COUNTRY) M OF MARRIED NEVER MARRIED W
1 12 1	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1/26 USUAL OCCUPATION 1/26 KIND OF BUSINESS OR
- 1 1 W	OALTIM HOE ALL (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
20	TISTIAL DESIDENCE AS NUMBERS OF OTHER INSTITUTION CARE DESIDENCE DESCRIPTION
6 31 36	USUAL RESIDENCE (IF NURSING HAME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. STATE 13d. COUNTY 13d. COUNTY 13d. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS / 74P CODE
1、图》图	Kent Rockfall YES NO X R+2 Dox 92
N. T. A.L.	TATHER'S MAIDEN NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST WIDDLE LAST
1 7 1/1/0	Charles Dagguette usik Addie Warner
3 71 70	HE WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
	(18 NOOR UNKNOWN) (18 YES, GIVE WAR OR DATES) 21.3-12-5449 Chart
W 1 184 5	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T the state of the	PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMINARY EMBOLISM WITH SEVERE FOUR HOURS
N S	DUE TO, OR AS A CONSEQUENCE OF MY POXEMIA.
STC Son There	Conditions, if ony, which (16)
2 2 2 2 2 2	gove rise to immediate
N T LAND	underlying cause lost DUE TO, OR AS A CONSEQUENCE OF PHEOCHROMOCYTOMA LEFT AGRENAL 5 days
20 the state of th	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
50	
8 : 111177	190 DATE OF OPERATION 180 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 1
# P. Dill	11/18/85 WILDEM MEDICALISM AUTOMA VES IN CERTIFYING CAUSES OF DEATH?
E ES SES	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
4 44 44 44	OR CONTRIBUTION CONTRIBUTION OF ATT. HOUR AM. MONTH DAY YEAR I
N SEE SEE	71d INJURY OCCURRED 71e PLACE OF INJURY 71t LOCATION
NS 4 4 P P P P P P P P P P P P P P P P P	
Party April 1997	270 Leartify that Withis hasatal) attended the deceased from NOV (5) 19 85 to 1/10 22 19 85 that Within last
_ N = 8 5 2 2	the centry may distribute the decease with the centre of t
T d C D T T T T T T T T T T T T T T T T T T	sow, the deceased alive on NOV 22 19 , and that in (our) apinion death accurred an the date and hour and from the couses stated obave, (1) (we) (did) (did not) view the body after death. 27b SIGNATURE / DEGREE 22c DATE SIGNED
8 2 8 4 8	A 1/to 11 AAA ATTENDING MEDICAL STAFF (MAIL 77 1995
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HOSPIT bened by D FUNER Could be of the NS St.	A A A A A A A A A A A A A A A A A A A
H C O C C C C C C C C C C C C C C C C C	JOHN A. VITAREILO M. D. 22 Charn Dutel, Gallimore, MA
2: " 3	236. BURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR LOWITY STATE
BP	Burial 11/26/85 Wesley Chapel Cem. Rock Hall, Md.
DHMH - 16 60M 7/84	14 FUNERALDIRECTOR 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
(VRA 15, 4)	Chestertown, Md. NUV 27 1985 July July 1

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333131	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
other death Page 4 may be the united of the control of the death of the control o	3. 56 7u. B	RTHPLACE LIVIAN GRADMECH 7	A. RACE WHATE TO CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN (16 NOT IN SUCH FACILITY, GIVE STREET		CED 19AUT C	NY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS. OUNTY OF DEATH IZE KIND OF BUSINESS OR DRKING LIEE) INDUSTRY					
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ukes that the death certificate be squeat by the attending physican en please rendow carbon papers. It burnel, cremorian, ar removal pay, or other transmatic event, the many, or other transmatic event, the many, or other transmatic event, the many and the many of the ma	Z	Canditions, if any, which gave rise to immediate couse iol, stating the underlying couse last.	y ane cause per line for (a), (b), and BY: E CAUSE (a) ANTEMO DUE TO, OR AS A CONSEOUI (b) DUE TO, OR AS A CONSEOUI (c)	ENCE OF	LANT (1) SAJE THE TERMINAL DISEASE OR CONDITI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
HOSPITAL OR ATTENDING PHYSICIAN. The law required by the hospital or oftending physician. 7 FUNERAL DIRECTOR: After the certificate has been a outli be described for use as the bynal-transit permit. The fifth file Store Cept. of Nealth and Minnfoll Physician prior to POSTANT. If them 2 is manked or them 18 shows one triging.	MEDICAL CERTIFICATION	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER NOTIFY MEDICAL EXAMINER) 216. I CERTIFY THAT III (this haspite saw the deceased alive on above, (1) (we) (did) (did not the same of the same	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F al) attended the deceased fram	AY YEAR 19 211 LOCATION STREET , 19 DEGREE ATTEN		county state 19 that (It (we) last and hour and from the causes stated 22c, DATE SIGNED					
BP	24. F	BURIAL, CREMATION, REMOVAL SPECIFY Burial UNERAL DIRECTOR NAME BOTGE A. Weber &	Nov. 27, 1985 C	NAME OF CEMETERY OR CREM edar Hill Ceme Ann St. 21231	tery Brooklyn A.	A. Co. Maryland REGISTRAR'S SIGNATURE					

STATE OF MARYLAND

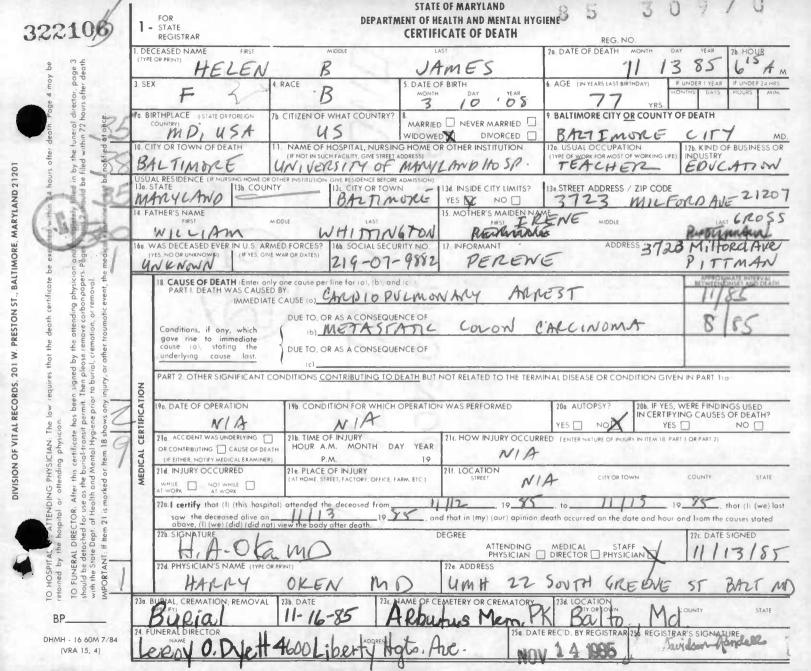
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1 71 /	TYPE	OR PRINT)	rie				11-5-85/105				
1 00 N	3. SEX		4. RACE		5. DATE O		6. AGE (IN YEARS LAST B	HRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
1 00		Female	Wh	11. NAME OF HOSPITAL, NURSING PERFORM PARKET AND PORT TO THE STREET		il 2, 1917	6	8 400	MONTHS DAYS	HOURS MIN.	
1 47 .	7a. BI	RTHPLACE (STATE OR FOREIG	N 76 CITIZEN O			- 1	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
1 16 86	Ba	to., Md.	U. S			D NEVER MARRIED	Bal	timor	re City, MD		
other di	10. CI	y or town of DEATH					174 USUAL OCCUPA TYPE OF WORK FOR MOST 2 SOFTER	TION OF WORKING LI	176. KIND O INDUSTRY	of Business or Handicap	
20	USU	L RESIDENCE (IF NURSING HO				13d. INSIDE CITY LIMITS?	130-STREET ADDRESS		1,6	Legaue	
1 6 1	14. F.A	THER'S NAME				15. MOTHER'S MAIDEN NA			21	.224	
Nijon .		William	MIDDLE	Jahnke		Wilhelmi	MIDDLE		Solomo		
1000	160 V	AS DECEASED EVER IN U.	S. ARMED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT Balt	ADDI		21213	116	
AOM and		ES. NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	0.40 70			ra M. Hai			nanadna	
ATTA		No				-Mrs. Lenc	na m. na	(111-)/			
A con			PART I. DEATH (Enter only one couse per line for (0), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CALISE IN COMPESTIVE HEART AND YRE -								
TS Cert		IMMEDIATE CAUSE (IN									
orh orh		Conditions, if ony, which (b)									
hot the de by the of ose remove il, cremone		Conditions, if ony, which gove rise to immediate couse lol, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF ARTERIOS C/E ROSIS-									
RDS, 20 squires to signed Then plear to burion injury, or	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT COPPONENT OF THE PROPERTY									
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r offending physicion. Wher this certificate has been sig as the buriof-trossit permit. Ther th and Mental Hygiene prior to be orked or Item 18 shows any injur	CERTIFICATION	19e DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIF FYING CAUSES ES		
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Or or Afth		27a.1 certify that (1) (this	hospital) attended	the deceased from C	15	1900	to	13/	19	that (I) (we) lost	
TOR or or or or of H		sow the deceased of	ve on	1/3/190	<u>, </u>	nd that in (my) (our) opinion	deoth occurred on the	date and had	ur and from the	couses stoted	
REC REC Fem 1		obove (h (we) (did) (s	did not) view the boo	offer death.		DEGREE		371	22c DAJE	SIGNED	
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TO HOSPII etoined by TO FUNER should be with the St		HAITHONY	F. CA	ROZZI	7	4214 MA,		DR	Bello	21057	
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DHMH - 16 50M 4/83	24. FI	INERAL DIRECTOR JO	nn A. Mo	oran, In	C. F	uneral Home	TE REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGNAT	TURE	
(VRA 15, 4)	30	DOO" E. Bal	timore S	St. : Balt	0. M	d. 21224 N	UV 08 1985	~~	2 10 14	Marin I	

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139		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N						10.		
1		CEASED NAME F	IRST	MIDDLE		LAST		20. DATE KNOWN	MONTH	DAY YEAR	Zb. HOUR
1	TITPE		eddie			James		OF ESTI-	11/	5/19 85	
1	B. SEX	4. RACE	S. DATE OF BIRT	Ĥ	6. AGE (IN YEARS		UNDER 24 HRS.	2c. DATE		DAY YEAR	5:20
	,		12 3		46 YRS.	MONTHS! DAYS H	OURS MIN	PRONOUNCED DEAD	11/	E/ OE	5:20
d	7- 91	RTHPLACE (STATE OR	12 3					9. BALTIMORE CITY		5/ 19 85	I P N
7	FOI	REIGN COUNTRY)			N		R MARRIED				
4	S.		U.S.A				DIVORCED L	Baltimo	ore Cit	У,	MD
d	10. CI	TY OR TOWN OF DEATH	11 NAME OF H	OSPITAL, NE FACILITY, GIVE	JRSING HOME, OR STREET ADDRESS)	OTHER INSTITUTIO	FOR	WAL OCCUPATION (TY MOST OF WORKING LIFE)	PE OF WORK	OR INDUSTR	SINESS
2		Baltimore L RESIDENCE (IF IN NURSING	Johns	HOpk	ins Hospi	tal	N	1/A			
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		ryland	COUNT		ltimore	YES X	NO □ 263	REET ADDRESS 2 E. Presto	on St.	21213	
7		THER'S NAME					MAIDEN NAM				
		FIRST	MIDDLE	,	LAST			MIDDLE	3	LAST	
7		Orenzo /AS DECEASED EVER IN U	IS ARMED FORCES?	Jame	CIAL SECURITY NO	Rosanna 17. INFORMAI	NT	ADDRES	Jam	les	
	(YE	S, NO, OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)		1-62-1917			2632 E. Pre	acton S	2+	
1		no (Jurauys	Jailles	2032 L. FIE	23 (011 3		
	1	18 CAUSE OF DEATH (E)	nter anly one couse per l	ine far (o), (b	o), and (c).)					APPROXIMATE BETWEEN ONSET	T AND DEATH
HEALTH AND MENTAL HYGIENE, DIY AL, CREMATION, OR REMOVAL.	z	lying couse lost. PART 2 OTHER SIGNIFICANT CON		_			VEN IN PART 1 to				
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CRI	9	190. DATE OF OPERATION	Alcoholism			N WAS PERFORME	D2			Inc. ALLEGRAN	2
1	CA	THE DATE OF OPERATION	170. CON	UII ION FOR	WHICH OFERATIO	IN WAS PERFORME	.U:		-	20 AUTOPSY?	
	RT	al EVIEDNIAL CALIEFTA	IAC OIL VILLE	OF INTEREST						YES X	NO 🗌
3	MEDICAL CERTIFICATION	UNDERLYING OR	HOUR A	OF INJURY	DAY YEAR	HOW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN ITEM TO	8 PART 1 OR PART 2	2)	
1	S	CONTRIBUTING CAU		.M. 11	/ 3/1985	subject f	ell on	street	EL S		
-	AED	21d. INJURY OCCURRED WHILE NOT WHI		E OF INJURY		LOCATION		CITY OR TOWN	COUNT	ITY	STATE
)	2	WHILE NOT WHI	ILE X	treet			Greenm			. City,	-
()	77m I cartily that I tool	k charge of the remains			[57]	nspection .		and in my opini		
01		death resulted from:	Notural couses	Accident			[]	termined manner	ind in my opini	1011	
		geom resulted from:	Molficol conses [7]	Accident	Suicide			terminea manner			
		ACTUAL	X	1)		TITLE (SPEC			DATE	11/6/	85
7		SIGNATURE	1	1		_M.DASS1	-S COLIT ME	DICAL EXAMINER	SIGNED.	11/0/	-
	-	EXAMINER'S NAME	Gregory R.	Kauff	man M D	I ABBRETT	111	Penn St.			
H	22- FI	(TYPE OR PRINT)				ADDRESS		OCATION			
	230.BC	PECIFY)				CEMETER'	CITY	ORTOWN	COUNTY	MARYLÄ	ATE
	74 EI	BURIAL JNERAL DIRECTOR	11-11-85	B	ALTIMORE	CEPIETER	ADMEDICIO D	BALTIMORE	CICTO ADIC CIC		
	24.70		INERAL HOMES	ESS 1101	E NORTH	0.115	NUV O 8	1985 KEG	NOT KAK S SIG	NATHREDAM	_
	W	. C. MAKCH FU	INEKAL HUMES	1101	E. NUKTH	AVE.		4			



HEARY BY SAMPLES II IS SAY F B 10 15 77 White Its Same State State of the SHETHARD LINE TO STATE THE STATE OF THE STAT white the distance x 2723 and the half a little WICCIAM REMARKS BURNING BURNING WHENTER PERSONS PRINCES PRINCES TRIVER MANAGEMENT - -Three in 1885 I have a second Proventing of the land of the MARINE CLEAR OF HIMM TO THINK GIVE ST BOTH AND Every Mary A Alberta Mary H. T. Co. y o Dy. + 4 Li, use the last section of the property of the pr

				-			E OF MARYLA		13 5	3	0)	/ 1
	1	STATE REGISTRAR			DEPART		ICATE OF D		REG	NO.		
316050		00.00	IRS1		IDDLE	-	AST		20. DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
	1	Lin	ard	-	J	Ja	mes			11 -	3 85	845 AM
moy b	3 SE			RACE		5 DATE O			6 AGE (IN YEARS LAST	SIRTHDAY)	IF UNDER I YEA	AR IF UNDER 24 HRS.
urs of		Male		Bla		MONT	DAY	84	11 mon	0 - 7 1110	11 2	2 HOURS MIN
2 hod 2		RTHPLACE (STATE OR FORE	IGN 7b.		HAT COUNTRY?	MARRIE	D NEVER A	MARRIED"	9 BALTIMORE CIT			
dep de de		Balto.			S. A	WIDOW	D DN	VORCED	Baltim		City	MD.
offer of the f		ty or town of DEATH			OSPITAL, NURS II FACILITY, GIVE STREET	ADDRESS)	Hospila	0	12a USUAL OCCUP	ST OF WORKING LIF		OF BUSINESS OR
120 ours	JUSU.	AL RESIDENCE (IF NURSING	HOME OR OTH		1 1		nos piac		1 2/	A		101.7.
NND 21	13a S	MD 13	COUNTY		Baltin	/N	13d INSIDE C	NO [318 S. N	S 712 CODE		1204
是 · 新 · ·	14. FA	THER'S NAME	MID	DIE	LAST		15 MOTHER'S	MAIDEN NA	ME			
MA MA		Charles			Jame			eldine			Jor	res
MORE,		VAS DECEASED EVER IN	U.S. ARME		166 SOCIAL SECT	JRITY NO.	17 INFORMA		Sec. at	DRESS	11 42	
TIM S. Po		NO			NIA		Geral	dine	Jones 30	B S: M		
ficate ficate paper paper navol.		18 CAUSE OF DEATH	Enter only o	ne couse per l	- 1 -		8				BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
ST, and an			MEDIATE C		Cardia	c Ar	rest				1	
ON ndin				DUE TO, OR	AS A CONSEOU			00.1	10.		-16-21	tre w
dea		Conditions, if ony, w		(b)	Shor	K -	Kena	I failu	ire		10.7	
NG PHYSICIAN. The law requires that the death certificate be executed a thirtige flour contending physician. In the law requires that the death certificate be executed a thirtige flour contending physician on the state of the		gove rise to immed couse (a), stating underlying couse	the st.	DUE TO, OR	AS A CONSEQU	ENCE OF	Possib	le Sep	sis			
201 ned plec urial		PART 2. OTHER SIGNIF	ICANT CON	ADITIONS CO	NTRIBUTING TO	DEATH BUT				ONDITION GIV	EN IN PART	lia
RDS, and sign Then to b injury	NO O		Ren	A	lure							
Dony ony	ATI	19a DATE OF OPERATIO			ION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES	, WERE FIND	INGS USED
he to on. hos t per t per t per ows	CERTIFICATION	NIA			N	/A			YES NOT] YES		ES OF DEATH?
DF VITAL CLAN: The physicio rafficate h sol-transit tal Hygie	GE	210. ACCIDENT WAS UNDER		21b. TIME OF HOUR A.M		AV VEAD	21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF	NJURY IN ITEM 18 P	ART I OR PART 21	
SICIA ng ph certifi riol-in frem	AL	OR CONTRIBUTING CAU		P.N		AT TEAR	100					
HYS ading the series of the se	MEDICAL	21d. INJURY OCCURRED		21e PLACE C	F INJURY		211 LOCATIO	N	CITY OF	TOWN	COUNTY	STATE
DIVISI ING P os the ith ond arked	Σ	WHILE NOT WHILE		(AT HOME STRE	ET FACTORY OFFICE	FARM EIC }	JIMEET		1	/	200,411	STATE
00 4 9 0 E		22a I certify that (I) (th	is hospital)	attended the	deceased from_	11/2	185	19 85			1985	, that (I) (we) last
TTEN TTEN TOR for us of He		saw the deceased above, (I) (we) (did	olive on	lew the body o	3 19	850	nd that in (my)	(our) opinion	death accurred on the	date and hou	ond from th	ne causes stated
hospit hed for ept. of them 2 i		226. SIGNATURE					DEGREE				22c. DAT	TESIGNED
the other or		medha	t Si	laaba	n	M	D	TTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN X	111	13/85
SPITAL 3 by the NERAL be deta FANT: If		22d PHYSICIAN'S NAM	E (TYPE OR PR	INT)			22e ADDRES	5	0 1 5		+1	
O HOSPITAL eroined by to FUNERAL TO FUNERAL should be de- with the Stott		Medhat	Abu-	Shaak	an		Univ	versity	1 of ML	1 Itos	pital	
0 a 5 a 3 M		URIAL, CREMATION, RE	MOVAL	73b. DATE	23t	NAME OF C	EMETERY OR C	CREMATORY	23d LOCATION		1000	
BP		SPECIFY) Burial		11/8/	85	Cedar	Hill	Cem	Balti		Md.	STATE
DHMH - 16 60M 7/84	24 FI	INERAL DIRECTOR			ADDRESS			25a. DAT	E REC'D. BY REGISTR	AR 251 REGIST	BAR'S SIGNA	ATURE
(VRA 15, 4)	W	m. C. Mar	ch_F	/H 110		orth	A ** 0	NU	V U 7 1985	(100 No	rew aser -	-Mundalle
	2				-							

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STATE OF MARYLAND

DIVISION OF VITAL

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AND THE RESERVE AND THE PARTY OF THE PARTY O

00 MPORTANT

FOR 1 - STATE REGISTRAR

DECEASED NAME

Baltimore, Md.

18 CITY OR TOWN OF DEATH

Md.

TYPE OR PRINT

3 SEX

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

REG. NO. 20. DATE OF DEATH 2h HOUR 22 : 10 AM HE LINDER LYEAR A AGE LIN YEARS LAST BIRTHDAYS IE UNDER 24 HRS July 9, 1906 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City.

Catherine Jennings

To BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? USA

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MARRIED X NEVER MARRIED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Sugar Refinery Foreman

Baltimore Good Samaritan Hospital ISUAL RESIDENCE (IF NURSING HO OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONA 13c CITY OR TOWN 130. STATE OUNTY

18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)

IMMEDIATE CAUSE (o)

220.1 certify that M (this hospital) attended the deceased from

4 RACE

W

Joppatowne

13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

632 C Harborside Dr. 21085

FATHER'S NAME Peter Jennings

PART I. DEATH WAS CAUSED BY.

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.

212 09 6153

17 INFORMANT

Mrs. Agnes M. Jennings Joppatown Md. 21085

Conditions, if any, which gove rise to immediate cause (a), stating

Harford

DUE TO, OR AS A CONSEQUENCE OF

underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

71n. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES T

IN CERTIFYING CAUSES OF DEATH?

COUNTY

21d INJURY OCCURRED NOT WHILE

19a DATE OF OPERATION

21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

19 85

211 LOCATION

____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death 225 SIGNATURA

DEGREE ATTENDING PHYSICIAN

22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

NOM

22c. DATE SIGNED

238 BURIAL, CREMATION, REMOVAL

Buria1

11/26/85

Timonium, Md.

STATE

d b

24 FUNERAL DIRECTOR

(SPECIFY)

CERTIFICATION

MEDICAL

MITCHELL-WIEDEFELD HOME. INC.

6500 York Rd.

Dulaney Valley

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

329013	1 -	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 9 7 7
may be poge 3		CEASED NAME FIRST OR PRINT)	Cela J	S. DATE OF BIRTH	20. DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 16 85 3-01 M IF UNDER 1 YEAR IF UNDER 24 HRS
ih. Page 4 min ol director, p 2 hours after	7a. B	RTHPLACE (STATE OR FOREIGN	B / A C K Th. CITIZEN OF WHAT COUNTRY?	MONTH 2 63 24 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
the funer deat	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET AI Francis Scott	WIDOWED DIVORCED DIVO	120 USUAL OCCUPATION LITTLE OF WORK FOR MOST OF WORKIN J-HOPKIAS U	12b. KIND OF BUSINESS OR
TAND 2120	130. 3	AL RESIDENCE IN NURSING HOME OR ITATE 138, COUN	TY 130. CITY OR TOWN	DMISSION) 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN N	130. STREET ADDRESS AU	21222 londale
MARY		Preston	Cooper	- FIRST A/1	ce MIDDLE	200 per
IMORE in and a medica		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN)] IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR (WAR OR DATES) 197-09-6	061 Melvin Je	anigan 508 Ma	ris St. Solisburg. H
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed to the following physician. When this certificate has been signed by the attending physician and complete this certificate has been signed by the ottending physician and complete the state of the proof of the physician and complete the proof of the physician and complete the physic		IMMEDIATI Conditions, if any, which gove rise to immediate cause (a), stating the	y ane cause per line for (a), (b), and BY: E CAUSE (a) Crd. pl DUE TO, OR AS A CONSEQUEN DUE TO, OR AS A CONSEQUEN	NCE OF		APPROXIMATE INTERVAL T BETWEEN ONSET AND DEATH
I RECORDS, 201 W e low requires that n. nos been signed by permit. Then please ne prior to burial, cr. we any injury, or oth	CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 20b. IF	GIVEN IN PART 1(a) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
SION OF VITAL RE PHYSICIAN: The lo ending physician. this certificate has the burial-transit per ad Mental Hygione; d or them 18 shows	MEDICAL CERTIF	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA: (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	Y YEAR 19 211. LOCATION	YES NO DIFFERENTIAL PROPERTY OF TOWN	YES NO
TTEND pital o pital o TOR: A far use of Heal	W	while NOT WHILE 220.1 certify that (1) (this hospit sow the deceased alive on obove, (1) (we) (did) (did not 220.5 IGN ATURE	ol) attended the deceased from	11/1/ 19 9	5 , to	
TO HOSPITAL OR A retained by the has retained by the has should be detached with the State Dept.		224 PHYSICIAN'S NAME (TYPE OF Andrew A	2ch MD Dobin	ATTENDING PHYSICIAN 220. ADDRESS F. S. K.O.	MEDICAL STAFF DIRECTOR PHYSICIAN	Eastern Au.
BP	-	SPECIFY) SPECIFY) G Vial	236. DAJE 236 N.	ame of cemetery or crematory	Laurel	COUNTY M. J. STATE
DHMH-16 30M 2/80 (VRA 15, 4)		NERAL DIRECTOR AS . A. MORTO	N J SMS 1701	Laurens NO	ATE REC'D. BY REGISTRAR 250 REC	SISTRAR S ON ATURE

	1-	FOR STATE REGISTRAR			DEF	ARTMENT OF	TE OF MARYLAN HEALTH AND ME FICATE OF DEA	NTAL HYGI	REG. NO.	3 0	9 7	7 8	
		CEASED NAME OR PRINT)	PAUL		E.		INESEN		20. DATE OF DEATH M NOVEMBER 18		YEAR	26 HOUR 9:50 P	A.
	3. SE)	Ra Male		Cauc.		5. DATE	OF BIRTH	1 ^{YEAR} 28	6. AGE (IN YEARS LAST BIRTH	YRS.	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.	-
7	C	RTHPLACE (STATE COUNTRY)		U.S.A.		MARRI		RCED 🗍	BALTIMORE CITY OR		DEATH	ME).
11	BI	TY OR TOWN OF I		JOHN'S SUF	TOPRIN	STHOSPIT		MOITU	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Audit Mgr.	WORKING LIFE)	NDUSTRY	Audi L. Dept	
7	130 S	AL RESIDENCE (IF A TATE) TYPE LEVEL TATE TYPE LEVEL TO THE PROPERTY OF THE P	MIN COUN	other institution TY cimore	GIVE RESIDENCE	E BEFORE ADMISSION	134 INSIDE CITY	LIMITS?	13e.STREET ADDRESS / 1 1860 Marsha		Bal Md.	timore 21222	
3	14 FA	THER'S NAME FIRST Edward		O.	Joh	annesen	15. MOTHER'S M		MIDDLE R.		Pat	ience	
2	J (Y	VAS DECEASED EV res, no or unknown (es		MED FORCES? WAR OR DATES!		6-3260	Mrs. Flo		Johannesen	186	to., 1	shall Royal Ad. 212	
		Conditions, if of gove rise to couse (o), stunderlying co	ony, which immediate oring the ouse lost.	DUE TO, O	RAS A CON	SHOUENCE OF SEQUENCE OF	Carcin		is of the L	บกๆ	3	Days months	
/	CERTIFICATION	190 DATE OF OPE	Coas	rulopa	thy		ON WAS PERFORM			20b. IF YES, W IN CERTIFYIN YES [ERE FINDIN	GS USED	-
1	MEDICAL CER	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY A 216 INJURY OCC	CAUSE OF DEA	P. 21e. PLACE	M. MONTI M. OF INJURY	H DAY YEAR 19 DEFICE FARM, ETC.)			ED (ENTER NATURE OF MJURY		OR PART 2)	STATE	-
		220.1 certify that	(1) (this hospit		per o	19 85	DEGREE ATT	ur) opinion d	to November leath occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA				-
		226 PHYSICIAN'S	AN	PRINT)	NE		Johns	Hopk	ins Hospital	650	N. W.	ind an	2<
		URIAL, CREMATIC SPECIFY) Buri		23b. DATE 11-22-	-85		CEMETERY OR CRI	EMATORY	23d LOCATION CITY OR TOWN	Balti	more	STATE Md.	

²⁴ FUNERAL DIRECTOR 21224
NAME Walter Dabrowski 1005 Dundalk

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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	, ds. 1	V TEGORGE		1.05	

32910

I DECE TYPE OR 1 SEX Fem. 7a. BIRTH

71		STATE OF N
1	FOR	DED A DEMENT OF HEALTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.										
DECEASED NAME	Ada	S. JOHNSON		LAST	20. DATE OF DEATH MONTH 11- 13-85	DAY YEAR	26 HOU					
sex Female		A.RACE Black		5. DATE OF BIRTH M2TH 29-1916 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 69 YRS	MONTHS DAYS	IF UNDER	MIN				
BIRTHPLACE (514	TE OR FOREIGN	76. CITIZEN OF WE	HAT COUNTRY?	MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH						

Maryland USA ID CITY OF TOWN OF DEATH on Secous F Bon Balto. Hospital

126 KIND OF BUSINESS OF Retired INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.SIREET ADDRESS / ZIP CODE Ave, 21215 13d. INSIDE CITY LIMITS?

Balto, City

Md . 13b COUNTY Balto. YES K 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Jackson LAST James E I izebeth Jackson ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO

212-20-6523 2926 Rockrose Ave, John son Augustus

PART I. DEATH WAS CAUSE IMMEDIAT			Distern !	BETWEEN ONSET AND DEAT
Conditions, if any, which gove rise to immediate couse (o), stoling the underlying couse last.	(b)	A CONSEQUENCE OF A CONSEQUENCE OF	Ita vertien ore	U

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONTITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CERTIFICATION HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION

COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 1982 187 40

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased plive an 12 place the body ofter depth. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

DEGREE 22¢ DATE SIGNED ATTENDING PIRECTOR PHYSICIAN PHYSICIAN

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE Laurel P.G. Buria1 Md. National Park M'BM 11-18-85

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Charles A. Rice FSPA 1300 Eutaw Pl,

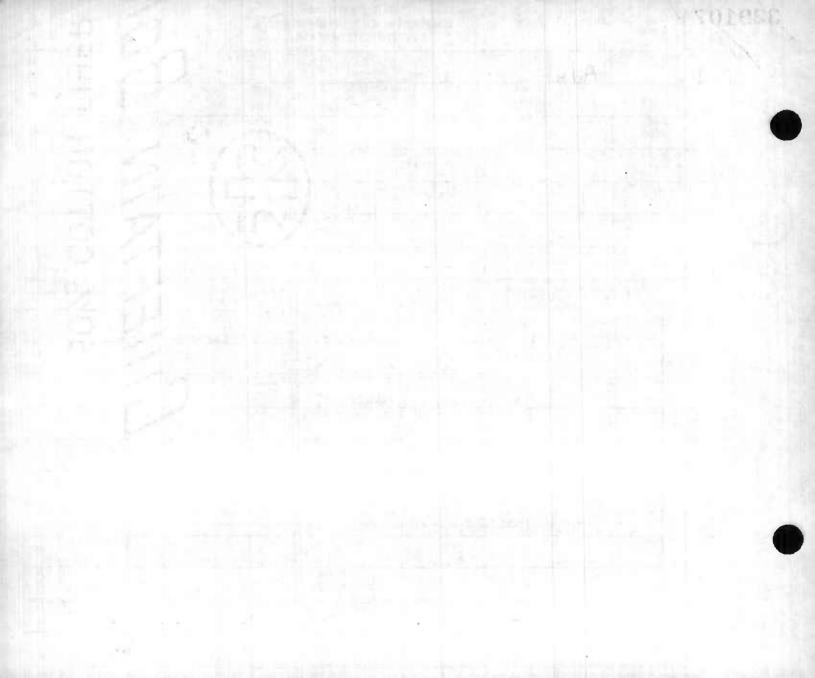
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT

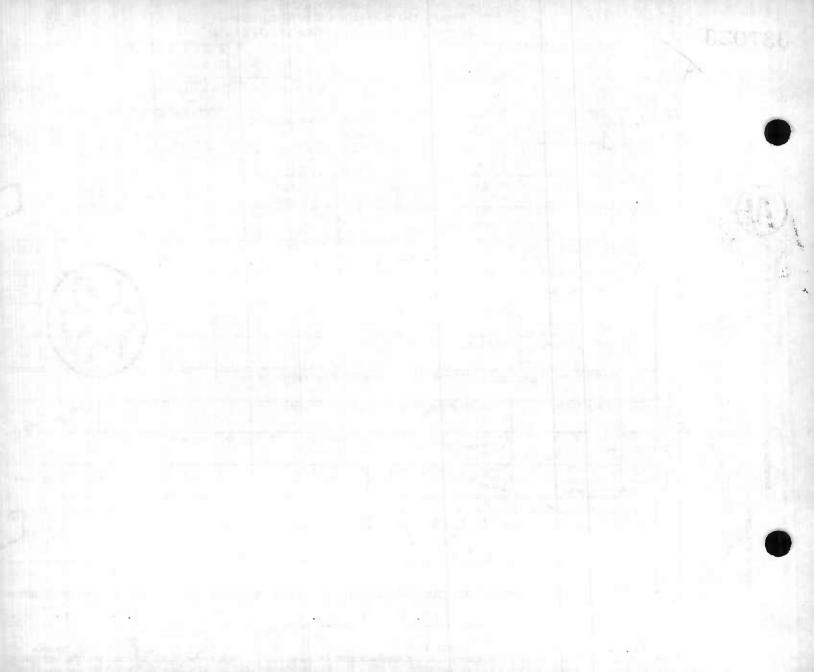
STATE

LAST



317107	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 5 3 0 9 8 1
y be leath	(14)	ECEASED NAME E PRINTI	0 00/11/0	20. DATE OF DEATH MONTH DAY YEAR 20. HOUR 745 N
rector, page 3		m	S. DATE OF BIRTH S 15 96	8. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2/F HRS. 18 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 2/F HRS.
te funeral di within 72 to		COUNTRY) Virginia	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City MC
by the		Baltimire 3	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY GIVE STREET ADDIESS) DEATON TO SPITAL + MEDICAL ON PER	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY A DEFECTOR OF WORKING LIFE) INDUSTRY A P A A
y filled in should be economist be	5 13a.	Maryland CIT	ty Paltimore YES NO [130 STREET ADDRESS 3506 Forest Park Avenue
mplete ond 2		Soh W	JOHNSON	ADDRESS 1
ALTIMORE te literary scion and co scion. Pages i ol. the medical		WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (IF YES, GIVE WA		AWKINS 5/A BETWEEN ONSET AND DEATH.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLING PHYSICIAN: The law requires that the death certificate attending physician. Ither this certificate has been signed by the attending physicial os the burial-transit permit. Then please remove carbon paper of the burial-transit permit. Then please remove carbon paper than and Memial Hygiene prior to burial, cremation, ar remarkan orked or them 18 shows any injury, or other traumatic event, the	NOI	PART 1. DEATH WAS CAUSED B' IMMEDIATE C Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CON		PMINAL DISEASE OR CONDITION GIVEN IN PART 110
AL RECOR	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
ENDI rol or ruse Heal	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINER AT WORK 22a.1 certify that (1) (this hospital) saw the deceased alive on obave, (1) (we) (did) (did not) vi	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1	CITY OR TOWN COUNTY STATE CITY OR TOWN COUNTY STATE And the death occurred on the date and hour and from the causes stated
PITAL O by the ERAL DI e detacl State De		276. SIGNATURE 276. PHYSIC MN S NAME (TYPE OF PRI	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 272. DATE SIGNED
TO HOSI retained TO FUN should b	23a.	BURIAL, CREMATION, REMOVAL 12	236. NAME OF CEMETERY OR CREMATORY	HAS, ST BALTOME, 2020
BP DHMH - 16 50M 4/82	24.	(SPECIFY) BURIAL FUNERAL DIRECTOR	11/8/85 EASTVIEW M. OK.	ATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(VRA 15, 4)	6	SATMAN-XAI	eris FA "9950) onclusion ST.	NOV 08 1985 ourdson-Aandelle

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE 337023 MEDICAL EXAMINER'S CERTIFICATE OF DEATH WEGISTRAR 20 DATE KNOWN ECEASED NAME (TYPE OR PRINT) DEATH MATED James Johnson 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR DAY LAST BIRTHDAY 8:46 PRONOUNCED Black Male 4/20/24 61 1719 85 DEAD ам TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Virginia Baltimore City, WIDOWED [DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore City 1309 Harlem Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136 COUNTY Baltimore 13d INSIDE CITY LIMITS? 1309 Harlem Ave. Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Virginia MIDDLE LAST Johnson White Chapel Rd. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ANSIT PERMIT. PAGES AL HYGIENE, DIVISION REMOVAL. YES, NO, OR UNKNOWN) 224-22-1323 Vifginia J. Baynard Yes 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Cachexia IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ED AS A CERTIFICATION USED / 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NOXX DEPARTMENT B 21a EXTERNAL CAUSE WAS THE TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFIER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, STC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 27s. Leersity that I tog and in my apinion death resulted: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DACTING ChiefEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md. STATE Crownsville Burial 1/22/85 Md. Veteran Cem. 07/84 BP 25M 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE **DHMH - 17** FSPA 1300 Eutaw Place La Daydon-Randell Chas.A.Rice (VR A15 ME (5))



death o

requires that the

TO HOSPITAL ON ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

663	'	REGISTRAR			CERTIFICA	TE OF DEATH	REG. N	0		
A A		CEASED NAME FIRST OR PRINT)	MID	DIE	LAST			MONTH, DAY	YEAR 26 HC	DUR
4	3. SE		1. RACE	k-	S. DATE OF BIR	TH VEAR	6 AGE LIN YEARS LAST BIR	THDAY] IF UNDE	REYEAR IF UND	
3	70. BI	RTHPLACE (STATE OR FOREIGN	U.S		WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	RE CITY	197 187	M
37	Z	OPLTIMORE	MER	SPITAL, NURSING CILITY, GIVE STREET AD	105	tal e	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST	F WORLING LIFE) IND	KIND OF BUSIN	
mystrbe	130	AL RESIDENCE (IF NURSING HOME OF TATE		SCOTY OF TOWN	SUE AE	INSIDE CATY LIMITS?	130.STREET ADDRESS	ZIP CODE	AK	212
	14 FA	WILL AM	MIDDLE JO	Insor	15 /	CIARA	WE	BARK		9
medical		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? INVESTIGATE (CONTRACTOR CONTRACTOR CONTRAC	323-20-	14 NO. 17 1 5919 L	Dausy So	hism 1	566 Ch	fton a	212
ir remavar.		18 CAUSE OF DEATH LENTER OF PART I. DEATH WAS CAUS IMMEDIA	TE CAUSE (0)), laled	CON	gestive	cardion	yopathy.	APPROXIMATE INT	D DEATH
er fraumat		Conditions, if any, which gave rise to immediate cause (a), stating the	(b) <u>k</u>	S A CONSEQUEN	1 SUF	ficienc	7		years	7
burial, cr ury, ar ath	7	PART 2. OTHER SIGNIFICANT	(c)	lentric	ula	RELATED TO THE TERM	MAL DISEASE OR CON	DITION GIVEN IN I	PART Ito	5
ene priar ta aws any inju	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH O	PERATION W	AS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING (ATH?
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arked ar	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY , FACTORY, OFFICE, FAR		LOCATION STREET	CITY OR TO)WN (0	UNTY	STATE
21 is mo		22a 1 certify that (I) this hasp sow the deceased live a above, (I) (ve) (did) did n		PRO	, and the	19 8 19 19 19 19 19 19 19 19 19 19 19 19 19	death accurred on the d	ote and hour and f		we) la
State Dept		IL SIGNATURE ICIAN'S NAME TYPE	Blok		DEGR	ATTENDING PHYSICIAN ADDRESS	MEDICAL STA DIRECTOR PHYSIC	FF _	Le 131	101
with the	730 [ALL M. B. BURIAL, CREMATION, REMOVA	laker	I 22, NIA	1.	Mercy He	SpiTal Visid LOCATION	Ba 110	·, mo	/.
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OM 7/84	24. FI	INERAL DIRECTOR Phillip	5 172	21 ADDRESS N	loma		1 5 1985	REGISTRAR'S	signature 	2

00	39110	1/	FOR STATE			DEPAR	STA TMENT OF		ARYLAND AND MEN	TAL HYC	SENE	3 () 9	8 4		
30	23.TYC		REGISTRAR			MEDICAL	EXAMIN	IER'S C	ERTIFICA	TE OF	DEATH	REG. NO.				
	V		CEASED NAME	FIRST		MIDDLE			LAST		20. DATE OF	KNOWN XX	HINOM	DAY YEAR	25 HOUR	
	3 8 8 8 8 E	,	c on more	Mary		L.		Jo	hnson		DEATH	MATED [11	29 19 85	N	
	PE-	3. SE)	4. 1	RACE	5 DATE OF BIE	RTH DAY YEAR	6. AGE (IN YE	ARS IF UN	DER 1 YR. IF	UNDER 24		ICED	MONTH	DAY YEAR	2d HOUR	
	IS NECESSARY, PLASE FUNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON HERE	fe	emale b	lack		1922	2 63 _Y	RS. MONTH	DAYS HO	OURS MI	IN PRONOUN DE AD	ICED	11	29 19 85	1:407	
	SESSAL SESSAL		RTHPLACE (STATE	OR	76. CITIZEN O	WHAT COL	INTRY?	8 MARRI	ED NEVER	MARRIED	9 BALTIM	ORE CITY OF	COUNT	Y OF DEATH		
	AND SECTION OF THE PROPERTY OF		Va		USA			WIDOW	ED X	ONORCED	□ Balt	imore			MD	
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S. M.	S S S S S S S S S S S S S S S S S S S		Robert				Forrell		Mart				Ga	arner		
JWO	FTER DEATH. II F PAGES 1, 2, FORM PM 3, FORM PM 3 SES 1 AND 2 S ION OF WIAL	16a. V {Y	VAS DECEASED E ES, NO, OR UNKNOWN	VER IN U.S. AR. (IF YES, GIVE	MED FORCES? WAR OR DATES)		OCIAL SECURIT		17. INFORMAN		0740 5	ADDRESS				
MALI	URS AFTER 18. GIVE PA WITH FOR IT. PAGES DIVISION		NO			212	2-22-62	15	Lillia	an Day	y 2712 F	airmou	nt Av	enue		
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ESTO	ZZYEŻŚ		Conditions	if any, which		, OR AS A CC	DNSEOUENCE	OF								
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۵	AAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	1	WHILE AT WORK	T WORK											57.410	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWATE TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STAB BALTIMORE, MARYLAND, 21;	1			ge of the remain:	destribed at	bave, held an	Autaps	y . In	spection	, Inquiry	X. and	in my apı	nian		
	A STAN		death resulted	Natu	ral causes	Acciden	1 Su	ncide 🗌	Hamicide		Undetermined mo	inner .				
	EERT DIED E		1	10,	1/18		An h	PI	TITLE (SPEC	CIFY)						
	AL HANDE		ACTUAL SIGNATURE,	reny	100	my	1 / 10	WM	D. Assist	tant	MEDICAL EXAM	INER	SIGNED	11/2	29/85	
	NEDIC A SINGE	-	EXAMINER'S NA	MF												
	AFTER ALTIC		(TYPE OR PRINT)		Dennis 1				ADDRESS		Penn St.	Balt	o.MD			
	E 11 0 E 4 00	23a.B	URIAL, CREMATIO				NAME OF CE				CITY OR TOWN		COUNT		ATE	
07/B4 25M	BP	74 F	Buria		12/3/85		edar H	III C	M_	DATE REC	Anne A		C C		1d	
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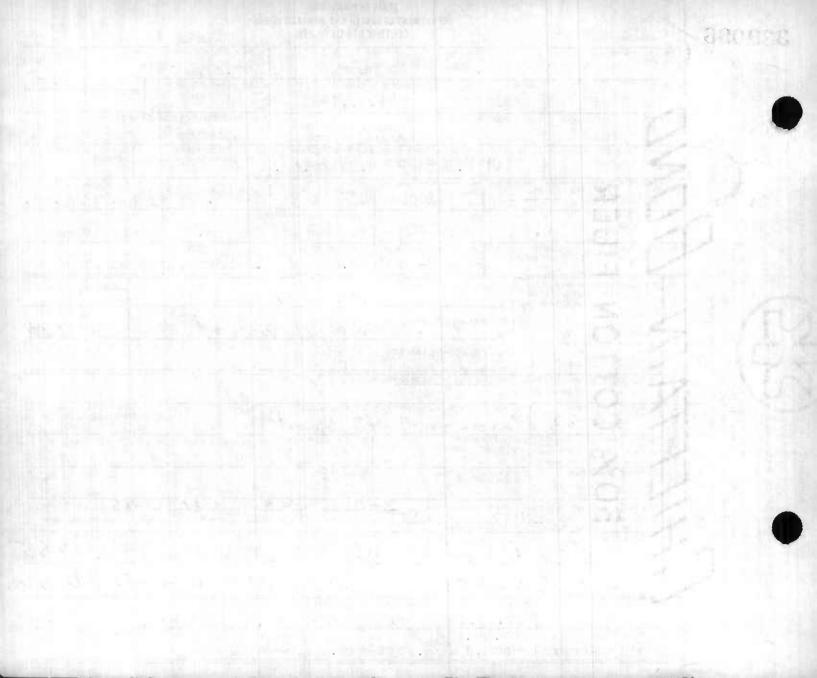
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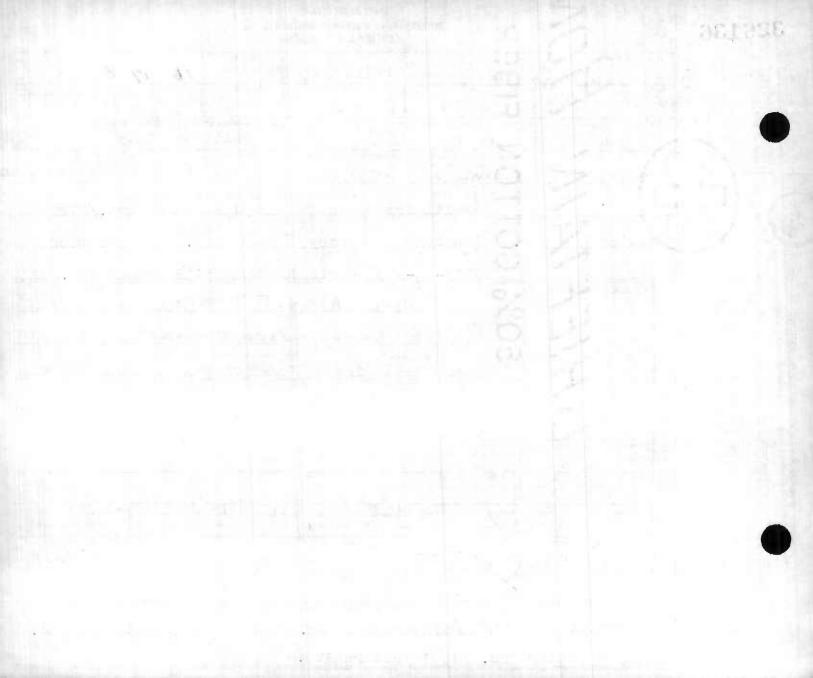
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- SI	GISTRAR			CERTIF	ICATE OF DEATH	REG. N	0				
	SED NAME FIRST		MIDDLE	ı	AST		MONTH DAY	Y YEAR	2b. HOUR		
(TYPE OR P	Nancy	T		John	nson	Nov.27,	1985		N		
3. SEX	200	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS		
	Female	Whit	е	Oct	1.26 0 192 1 64 YRS MONTHS DATS HOUR						
COUN	PLACE ISTATE OR FOREIGN NIRY) ary land	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Baltimore City of	_		MD		
10 CITY C	or Town of DEATH timore	11. NAME OF		G HOME	or other institution t. Balto. Md.	170. USUAL OCCUPAT 1TYPE OF WORK FOR MOST O HOMEMA	ION OF WORKING LIFE)		OF BUSINESS OR		
13a, STA1	esidence (if hursing home of the yland 136. cour		GIVE RESIDENCE BEFORE	ore	13dINSIDE CITY LIMITS?	13. STREET ADDRESS	rney S		21230 lto.Md		
14. FATHE	ersname Härry (MIDDLE	Barëse		IS. MOTHER'S MAIDEN NA Annie	ME MIDDLE		Lint	on On		
	DECEASED EVER IN U.S. AR	MED FORCES?	212-20-8		Mr.Joseph	W.Johnson					
18	CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per D BY: TE CAUSE (a)		dien.	matoris	BE WITH		BETWEEN	ONSET AND DEATH		
9 cc	onditions, if ony, which love rise to immediate ouse (a), stating the nderlying cause lost. ART 2 OTHER SIGNIFICANT ((6)	R AS A CONSEQUE		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1			
CERTIFICATION 190	B 14-83	1	CHECKER WHICH	77 (H brust	YES NO	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	NGS USED S OF DEATH?		
CAL	D, ACCIDENT WAS UNDERLYING C R CONTRIBUTING CAUSE OF DE- LIF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.	M. MONTH DA	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)			
	HILE NOT WHILE WORK	(AT HOME, STE	OF INJURY REET FACTORY, OFFICE, F.	ARM, ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
220	ol certify that (I) (this hasp sow the deceased alive on above, (I) (we) (did) (did no	11-27	19	3.	nd that in (my) (our) opinion	death occurred on the d	ote and hour o		that (1) (we) lost causes stated		
	b. SIGNATURE CE	Hol	lod	1	V V V -	MEDICAL STA		220 DATE	SIGNED -29'85		
220	A. PHYSICIAN'S NAME (TYPE O		LOD		707 EIFO	AT AUF.	BAL	To, H	102123		
(SPEC	Burial	23b. DATE Nov.2			emetery or crematory on Park Cem		more.		state ry land		
24 FUNE	RAL DIRECTOR	Balto.N	10.21230	777		E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	VRE WELL		
McC	Cully Funera	al Home	e, 130 E.	Fort	Ave.	COEI C W.	3 5				



317151	1-	FOR STATE REGISTRAR	DEPART		TH AND MENTAL H	YGIENE	REG. NO	o.			
moy be poge 3 er deoth		CEASED NAME PIRST OR PRINT! Rubert	MIDDLE	Joh.	∩\$4 <u>∩</u>			MONTH		YEAR S J R I YEAR	26. HOUR D'43 PN IF UNDER 24 HRS
Page 4 may be director, page 3 hours ofter death		male E	olack CITIZEN OF WHAT COUNTRY	MONTH	OS 41	O BALTI	MORE CITY O	YRS.	MONTHS	DAYS	HOURS MIN.
ter death. within 72		TY OR TOWN OF DEATH 11.	MAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	WIDOWED T		12a. USU	alt, m		LIFE) IND	KIND OF	MD BUSINESS OR
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	14. FA	NTHER'S NAME Vade	DLE		MOTHER'S MAIDEN N A 1 dorce	NAME	MIDDLE	21701	1	LAST	ham
BALTIMORE, cote be execut ysicion and co opers. Pages wol.		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WA			INFORMANT Emma G	arris	660		iur	2/2	rive
ST., ag ph conp remo		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	AUSE (0) Collope	1-0-1	errest				-	ETWEEN O	MATE INTERVAL INSET AND DEATH
ion W. PRESTON is that the death ce d by the attendin lease remove corb irol, cremotion, or in		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	(b) P CONSEQUENCE (C)	tic +	feilure						
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DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the contending physician. The this certificate has been signed to stee buriol-transit permit. Then pleat the hard Mental Hygiene prior to buriol increed or them 18 shows any injury, or the contending them.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH			YES [IN CERT	YES [AUSES	GS USED OF DEATH?
PHYSICIAN: T ending physici this certificate be buriol-tronsind Memol Hygi d or Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH D P.M. 218. PLACE OF INJURY	PAY YEAR	I. LOCATION	URRED (ENTI	ER NATURE OF INJU	RY IN ITEM 18	3 PART I OR	PART 2)	
DIVISION DING PHY or offerthis e os the bu olth ond M morked or	MEC	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital)	(AT HOME, STREET, FACTORY, OFFICE,		STREET	5 10	CITY OR TO	/		YINU	STATE
ATTENIOSpital SECTOR: d of or us d. of He m 21 is:		sow the deceosed olive on obove, (I) (we) (did) (did not) v	11 5/ 19	\$3_, and the	hot in (my (OO) opinio	on death acc	urred on the d	ote and ha	our and f		couses stated
by the ERAL DI		22d PHYSICIAN'S NAME (TYPE OR PR	Orl.	22	ATTENDING PHYSICIAN		OR PHYSIC		1	11.	5/85
TO HOSPITA retoined by TO FUNERA Should be d with the Sto	230.			NAME OF CEME	4948 ETERY OR CREMATOR		Jen A	VC		T.	57.475
BP DHMH - 16 50M 4/82		UNERAL DIRECTOR		Auburn	Cemetery 250.0		A TIMOR BY REGISTRAR		STRAR'S		³MĎ ure
(VRA 15, 4)	W.	illiam C.March F/	H West 4300_Wa	abash Av	enue N	O VOI	8 1005	10.	Knie		0

326136		FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.			
de d		ECEASED NAME FIRST PE OR PRINT) WILLIAM	n. It.	JOHNSON TR.	20 DATE OF DEATH MON	17 85 12 M	
ge 4 moy be ector, page 3	3. S	MALE	WHITE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.	
deoth. ro	1	COUNTRY) (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED	Baltimore City or Co		
rs ofter of the fulled with	1 7	BALTU, MD.	(IF NOT IN SUCH FACILITY, GIVE STREET F. S. Key Me	head Cento	120. USUAL OCCUPATION (TWO OF THE POST OF	DERINGUES OF BUSINESS OR DESIDENCE OF BUSINESS OR DESIDENCE Applia	
AND 21:	5 130.	STATE Md. 136 COUR		N 134 INSIDE CITY LIMITS?	5152 Wrigh		
examins		ATHER'S NAME FIRST	H. Johnson	15. MOTHER'S MAIDEN N	MIDDLE	Compton	
MORE,	160		MED FORCES? 166 SOCIAL SECUL VE WAR OR DATES) 213-36-		address	Wright Ave. /2120	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE ING PHYSICIAN: The low requires that the death certificate be exersive the certificate has been signed by the attending physician and as the buriol-tronsit permit. Then please remove carbon papers. Pages the and Mental Hygiere prior to buriol, cremation, or removal.	1		nly one couse per line for (o), (b), or ED BY: TE CAUSE (o) CAR	DIAL ARRES	[? INFARC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PINKTE	
RESTON S e death cer nove corbo totion, or re troumatic		Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF CINAPALIZA	LEO ATHEROSCI	AROUS YEARS	
by the cose removed it, cremor		gove rise to immediate couse 101, stating the underlying couse last.	DUE TO, OR AS A CONSEQUE HVPE	ENCE OF REPORTE.	NEMIA	YZARS	
RDS, 20 equires 1 manual signed Then ple r to buric injury, o	NO	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE		ON GIVEN IN PART 110	
TAL RECO	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)	
SION OF VITA PHYSICIAN: The ending physicic this certificate the adviol-frontial and Mental Hyporities and Americal Frontier 18 she don't fem 18 she		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	URRED (ENTER NATURE OF INJURY IN I	ITEM 18 PART I OR PART ?)	
DING PHYS or ottendin After this of se os the builth and Med or th	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	PARM ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE	
A ATTENDIN hospital or RECTOR. Af sed for use a sed for use or pt. of Health		sow the deceased alive on	otol) ottended the deceosed from 1	(- 5		nd hour and from the couses stated	
AL DIII	,	226 SIGNATURE	Cez	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 18 Nov 85	
HOSPII Inned by FUNER Puld be NoRTAN		WILLIAH B.	X	22e ADDRESS			
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23c.	NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	Baltimore Md.	
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director			ATE REC'D. BY REGISTRAR 256.		



	STATEU
FOR	DEPARTMENT OF HEAD
CTATE	

	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	*	
OCIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	JOHNSON, JR.	November 18	, 1985	5:00
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	MONTH DAY YEAR	70	MONTHS DAYS	HOURS MIN.

		KEOIJIKAK							REG. NO	J.		
		EASED NAME	FIRST		WIDOLE	L	AST .		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR D
	(ITPE	OK PKINT]	WILL	_IS	E.	NHOL	SON,	JR.	November	18,	1985	5:00 M
	3_SEX			4. RACE		5. DATE C		w# 4 D	& AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Male		W	nite			1 906	79	YRS.		HOURS MIN.
2		OUNTRY)	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVER .	AAADDIED T	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
1		Georgia	1		USA	WIDOWE		NORCED	Baltimor	e Cit	tv	MD.
1	10 C11	Y OR TOWN OF	DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	12a. USUAL OCCUPATI	ON	12b. KIND O	F BUSINESS OR
		Baltim	ore		CHEACHLITY, GIVE STREET Underwoo		ad		Executiv	e WORKING LIF		tiles
	USUA 13a S	L RESIDENCE (IF		OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	1 13d INSIDE C	CITY I IAANT CO	13e.STREET ADDRESS	/ 71P CODE		-
6		ND	138 000	1411	Balt		YES X	NO []	4400 Unde			d. 21218
	14 FA	THER'S NAME			LAST	Sr.	15 MOTHER	S MAIDEN NA	ME			
5	300	Willis	E	WIDDIE	Johnso	n,	M	arie	MIDDLE		Head	
		AS DECEASED E			166 SOCIAL SECU	IRITY NO.	17 INFORMA	INA	ADDRE	SS		
	(4)	ES, NO OR UNKNOWN	() () () () () ()	IVE WAR OR DATES)	250 09	0459	Mrs.	Willis	s E. Johns	on.	lr.	Same
i	1	IL CAUSE OF D	FATH Fater of	inly one couse pe	# 157	aul)					I APPROVE	MATE BUTTON TROOT
		PART I DEAT	H WAS CAUS	ED BY	VNO	Va	MA	ma)		171	1001
			MMEDIA	TE CAUSE (e)	10			11			01	1
	1 1	or a second second	and the same	DUE TO, C	IR AS A CONSE D	ENCE OF					1//	
		Conditions, if	immediate	193-	- Company of the comp	a composite					-	
		couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last.										
		PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART TIG										
	z	PART 2. DIFFER.	SIGNIFICANT	CONDITIONS	CHIRBUTAG 1C	DEATH BUT	NUI RELAIGE	J TO THE TERM	INAL DISEASE OF COR	DIFFICING GIVE	EN SA PART TO	
+	CERTIFICATION	IN DATE OF OP	ERATION	IIII. COND	MON FOR WHICH	OPERATIO	N WAS PERFO	ORMED.	20e AUTOPSYT	70s. IF YES	WERE FINDIN	4GS USED
7	H								YES TI NOTX	1000	YING CAUSES S [7]	OF DEATH?
-	18.8	Zin ACCIDENT WA	ONDERLYING	7 21h TIME C	OF INJURY		TIC HOW IN	DURY OCCUR	RED (ENTER MATURE OF INIU		had	WO C
d		OR CONTRIBUTING	CAUSE OF DE	TATH HOUR A	M. MONTH D	4			and the same of			
ſ	MEDICAL	214. INJURY OCI	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME		OF INJURY	8.6	ZIE ŁOCATI	ON				
	N.	west [7] w	tweet []		REFT, PACTORY, OFFICE, F	Alm, ETC.).	Come	0 /	/ Silvery	into	COUNTY	HAN
			t (I) (Ship Sans	into odnostifi s	A Condition	1	UM	10 66	· Nor	18	10/10)	that all (wan-fest)
		sowith de	eased alive a	on the book	Notared from	83	nd that in (my	(dut) opinion	death occurred on the de	ate and hou	The second secon	
		phove (I) (s	Participal Minde	or wew the body	after death	9	DEMAEE	distribution of	Chicago St. Co. Secondario	10000	22c DATE	brond /
	ш		150	17 /78	-Www.ki) 1	MA	ATTENDING (MEDICAL STA		11/1	19/80
-		224 PHNSECIAN	S NAME (1)	OR MINO	77000	1	22e ADDRES	PHYSICIAN X	DIRECTOR PHYSIC	IAN []	1///	1100
			MON STOCKED BY MAN		Venton .	AD			al Accessor	D-14	- /	1
		Dr. V	rilliarr	0. He	Ifnich, I	VID	1 2006	Rolar	nd Avenue,	Bait	O IVIL	9

DHMH - 16 60M 7/84

(VRA 15, 4)

11/21/85

Druid Ridge

Pikesville,

MD

Burial ^{74 FUNERAL DIRECTOR} Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

NOV 22 1985

The state of the s e in the same of t Ballin open City Editions | All Unerwood Road | Electrical Takiles AND STATE OF SHEET IN A STATE OF STATE Lo. Third C. harrin, War Suna Palent exerce, Button, a

Fare A. Day Inc. on Co.

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	FOR
1 -	STATE
	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE

1	E-N	3	0	-)	R	3
	5	O	0		0	1

н		REGISTRAR			CERTIFI	CATE OF E	EATH		REG. NO.				
1		CEASED NAME EIR	ST	MIDDLE	LA	ST		2a. DATE O	F DE ATH MO	ONTH DA	YEAR	26 HOUR	
	TYPE	OR PRINT)	RLES	н.	JONE	s SR.		NOV	VEMBER	27.	1985	N.F.	M
ı	3. SE)	(4 RACE		5. DATE OF				YEARS LAST BIRTHE	AY} II	F UNDER I YEAR	IF UNDER 24	
1		Male	B1 a	ack	MONTH 7	5	O Q		7.6	YRS.	DATS DATS	HOURS	Min.
A	7a BII	RTHPLACE (STATE OR FOREIG	N 76. CITIZEN O	F WHAT COUNTRY	? 8. MARRIED	V	AARRIED 🗍	9 BALTIMO	RE CITY OR		OF DEATH		
Z	PA		U.	S.A.	WIDOWED		VORCED [BAI	LTIMOR	E CI	TY,		MD.
	10 CT	TY OR TOWN OF DEATH		F HOSPITAL, NURS		OTHER INST	ITUTION		OCCUPATION		12b. KIND O	F BUSINESS	OR
		BALTIMORE	401		th ST	REET .	APT.D5		/A	OARISO (II E)	IIADOSTKI		
4	USUA 13a. S	AL RESIDENCE (IF NURSING HITATE 136.	OME OR OTHER INSTITUTION	I 36. CITY OR TO		13d. INSIDE C	ITY LIMITS?	13e STREET	ADDRESS / Z	IP CODE			
4	Мa	rylan d		Baltim		YES X	NO []	1 1 1 1 1 1 1			TREET	2121	8
T	14. FA	THER'S NAME FIRST	MIDDLE	LAST			MAIDEN NAM	ΛE	WIDDLE		LAS	т.	
1	h	ILLIAM		JONES	00/10		THA					SON	
		VAS DECEASED EVER IN U	S. ARMED FORCES		URITY NO.	17. INFORMA	NT		ADDRESS				
	,,,	YES		150-09-	2452	LAUR	A JONE	S 40	1 F.2	5th	STREE	T 212	218
Ī		18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). (c)										MATE INTERVA	ATH
1		IMMEDIATE CAUSE (0). DWSTATC COUNTRY									50	115	
1		2 D. C.	DUE TO.	OR AS A CONSEOL	JENCE OF								
1		Conditions, if ony, whi											
H		gove rise to immedia couse (o), stating t		OR AS A CONSEQU	JENCE OF								
		underlying couse lo	st. (c)_										
1	9	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0											
	CERTIFICATION		arze de	Electris	0/12	(.							
7	CAT	19a DATE OF OPERATION	J 196 CON	DITION FOR WHIC	H OPERATION	OPERATION WAS PERFORMED 20			200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			,	
1	TIFI		1000						NO	YES		NO [
		21a. ACCIDENT WAS UNDERLY!	1 110110	OF INJURY	DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTERN.	ATURE OF INJURY I	NITEM 18 PAR	RT I OR PART 2)	V 150	
	MEDICAL	OR CONTRIBUTING CAUSE	OF DEATH	P.M.	19								
1	(ED)	21d INJURY OCCURRED		E OF INJURY STREET EACTORY, OFFICE	FARM FIC)	211 LOCATIO	N		CITY OR TOWN		COUNTY	STAT	E
	2	AT WORK NOT WHILE		SINCET EXCIONT, OFFICE	(Ann, 210)					1			
1		220.1 certify that (I) (this	hospital) ottended	the deceased from		983	. 19	to		U d'is	9	that (1) (we) lost
1		sow the deceosed of obove, (I) (we) (did) (ive on	dy ofter death.	onc	d that in (my)	(our) opinion d	leoth occurr	ed on the dote	and hour	and from the	couses state	d
1		22b. SIGNATURE	1/	- /	7 D	EGREE					22c DATE	SIGNED	/
		Alla	ullu	unel			TTENDING PHYSICIAN []	MEDICAL	STAFF PHYSICIA	N	16	127/	FT
		220. PHYSICIAN'S NAME	(TYPE OR PRINT)	2		22e ADDRES	S	150		0.00	1		
		Ha	nkin	inel		1552	0.601	1d L	7/144	64	. 15	210	311
1	23a. B	URIAL, CREMATION, REM			NAME OF CE	METERY OR	REMATORY	23d LOC	ATION OR TOWN		COUNTY	61.1	
1	,	BURIAL	12-	2-85	GARRI	SON F	OREST	OW		MILL:		ARYLA	DN
		JNERAL DIRECTOR					25a DATE	REC D. BY	REGISTRAR 25	REGISTRA	AR'S SIGNAT	URE	

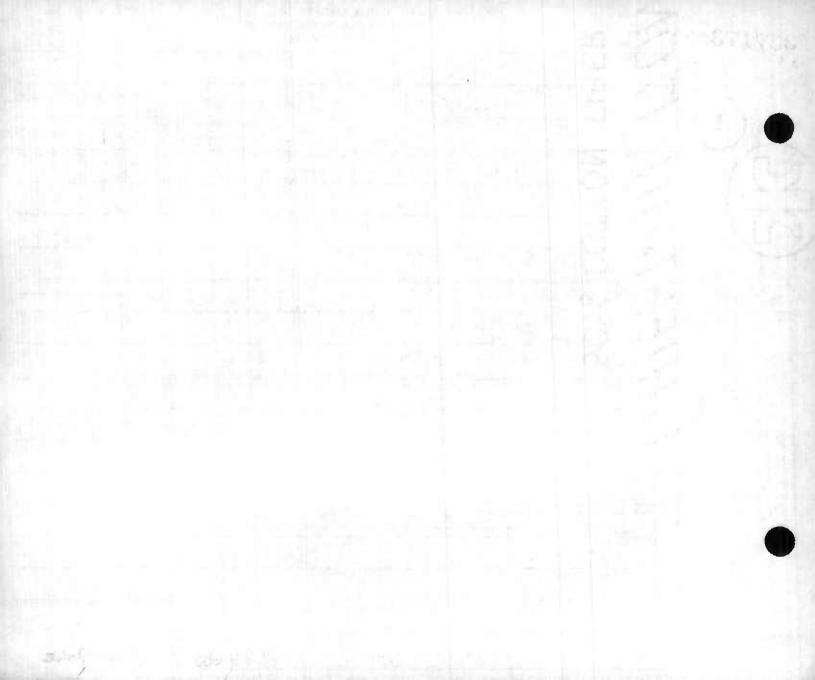
March Funeral Homes 1101 E North Ave

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

MAPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event,

TO FUNERAL DIRECTOR. After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,



injury, or other troumatic event,

IMPORTANT: If them 21 is marked or them 18 shows any

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

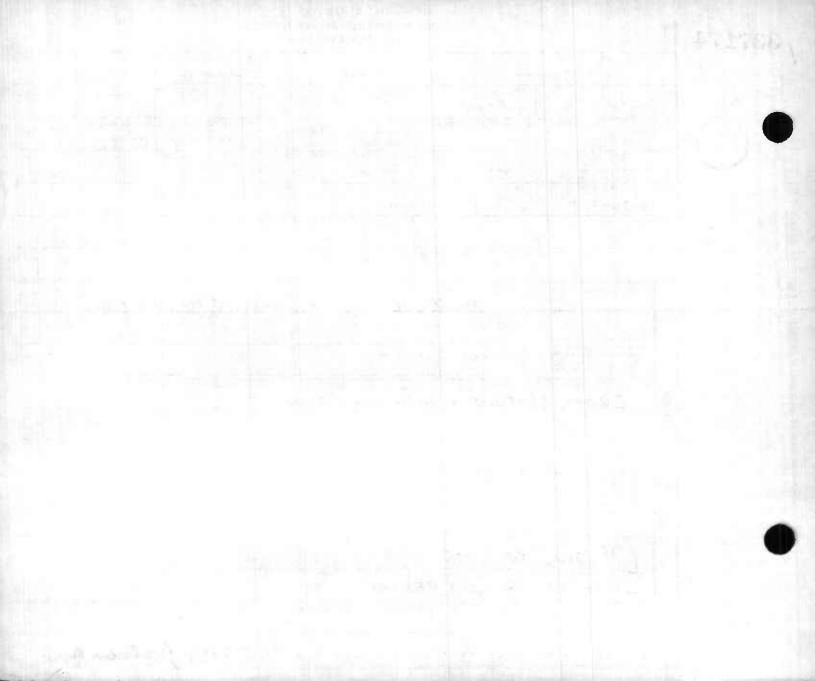
	1 - FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL P CERTIFICATE OF DEATH	REG. NO.	0 2 2 0			
T	. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
1	Clar	ence S.	Jones	November 2:	7, 1985 M			
3	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS			
ı	Male	Black	2 14 1°1	74	MONTHS DAYS HOURS MIN.			
Þ	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH			
	MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE	CITY, MD.			
	BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 2519 SALEM	ING HOME OR OTHER INSTITUTION ET ADDRESS) STREET	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK INTERIOR	ING LIFE) 126 KIND OF BUSINESS OR INDUSTRY DESINGER			
	Maryland		more 13d. INSIDE CITY LIMITS	2519 SALEM	STREET 21217			
	1. FATHER'S NAME SINLEY	MIDDLE LAST JONF	IS. MOTHER'S MAIDEN	NAME	SUMMERVILL			
1	60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS				
L	YES NO OR UNKNOWN) (IF YES, G	201-03	3-9192 MARY 10	NES 2519 SAL	EM STREET			
		gove rise to immediate cause (a), softing the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV						
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO			
		EATH HOUR A.M. MONTH	DAY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2}			
	OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	PARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	sow the deceased alive a	OR PRINT)	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	ian death occurred an the date and	22¢ DATE SIGNED			
2	23a. BURIAL, CREMATION, REMOVA	23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE			
	RIIR TAI	12 2 05	GARRISON FORES		MADVIAND			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

BURIAL 172-7-85 GANKISON FOR FUNERAL DIRECTOR

March Funeral Homes 1101 East North Ave



BALTIMORE, MARYLAND 2120

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 5 3 REG. NO.

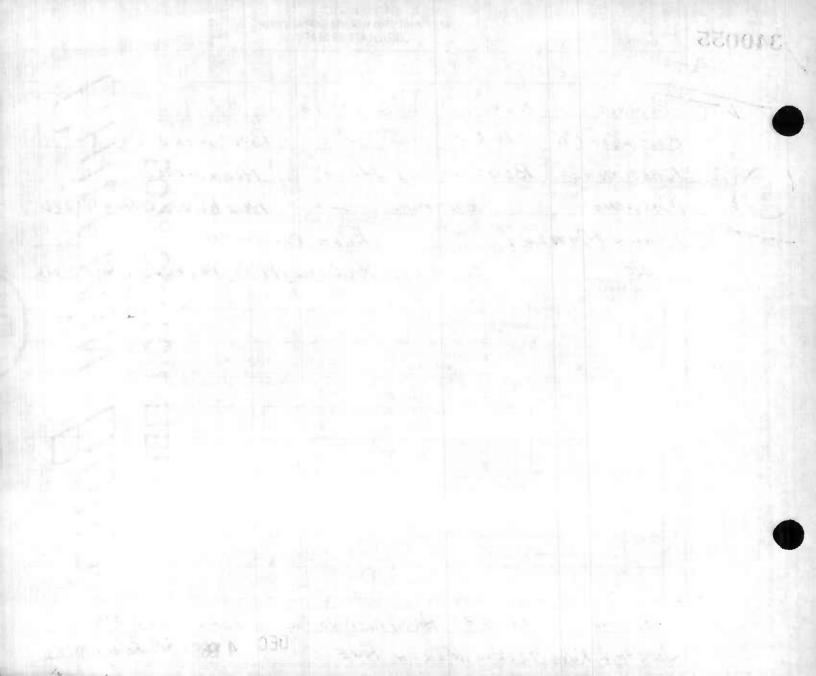
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		SASED NAME	FIRST	1	MIDDLE	(AST		20 DATE OF DEATH	HINOM	DAY YEAR	25 HOUR		
	/	E1/2/2/2	EARI	IV.		JOI	VES		NOVEMBER	2,1	985	2:30AM		
Λl	1.5EX			4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DATE	HOURS MIN.		
4		Male		White		Sen		1909	76	YRS.	MONTHS! DATS	HOURS MIN.		
Ы		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8		R MARRIED XX	9 BALTIMORE CITY O		Y OF DEATH			
М	200	urvland		T	121	MARRIE		DIVORCED T	Baltimo	ore	City	MD		
7	-	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER IN	NSTITUTION	120 USUAL OCCUPATION	NC	125 KIND	OF BUSINESS OR		
4	Ba	ltimore		"Chui	ch Hosp	rtal	, Balt	to.Md.	Liectrical He per, Factor					
40	USUA	L RESIDENCE (IF NURS										21230		
9	Ma Ma	ryland	13b COUI	VIY	Baltimo:		YES A	E CITY LIMITS?	541 E.F	ZIP COD	Ave. Ra	1to Md		
7	-	THER'S NAME					land.	ER'S MAIDEN NAM			1110000	200 1144 1		
9		Edward	3	A .	Tonog			FIRST	MIDDLE		T 1-	ST		
A	1An W	AS DECEASED EVER			Jones 1166 SOCIAL SECU	PITY NO	17. INFOR	Daisy	ADDRE	SS	Jack	son		
П		ES, NO OR UNKNOWN)	(IF YES, GI	E WAR OR DATES)										
	-	Yes	W.W		216-07-		Mrs.	Evelyn	Sappingto	\mathbf{m}, \mathbf{S}	ame as	above		
П	7	18 CAUSE OF DEAT PART I. DEATH W		D BY:							BETWEEN	ONSET AND DEATH		
	/	917		re CAUSE (a)	CONGEST	IVE I	IEART	FAILUE	RE					
1		DUE TO, OR AS A CONSEQUENCE OF												
		Canditions, if any	, which	(ıb)_	ARTERIO	SCLE	ROTIC	HEART	DISEASE					
		couse (a), stating the DUETO, OR AS A CONSEQUENCE OF												
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11.0												
1	4.5	PART 2 OTHER SIGI	VIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELAT	TED TO THE TERMI	NAL DISEASE OR CON	DITION GI	IVEN IN PART 1	la		
	CERTIFICATION	PROST			NOMA, U									
2	CA	19a. DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
-		OCTOBER	31,1	985	MUCUS P	LUGS			YES NOXX YES NO					
3	8	210. ACCIDENT WAS UN	_	110110	FINJURY M. MONTH DA	Y YEAR	21c HOW	INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)			
Z.	A.	OR CONTRIBUTING		VIII	M. MONTH DA	19								
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCA		CITY OR TO	4751	COUNTY	STATE		
31	8	WHILE NOT WE	HILE [(AT HOME_ST	REET, FACTORY OFFICE FA	ARM ETC)	211	TEET	CITTORIO	100	COOMIT	SIMIE		
+		22a.1 certify that (1)		tal attended th	e deceased fram	OCTO	DBER	2319 85	to NOVEMI	3ER	219 85	that II) we last		
9		saw the meeas	ed alive an	NOVEMB	ER 2 19	85 ar	nd that in (n	ny) (ou) apinian d	leath accurred on the do	ite and ha	our and Iram the	causes stated		
6		226 SIGNATURE	die (did no	it view the bady	after death.	-	EGREE					SIGNED		
		Was	MILL	ILL OUN.	9	MI)	ATTENDING	MEDICAL STAF	F	NTOY7	2 1005		
-		22d. PHYSIC AN'S N	AME TYPE	OR PRINT)	A	14/	Tage ADDE	DECC				2,1985		
	Par 1)		17.11			CHURC	CH HOSPITA					
4	X4	Т. с			IAN, MD.	14445	1100		ADWAY, BAI	TTM	ORE, MD	21231		
		URIAL, CREMATION,						OR CREMATORY	23d LOCATION		COUNTY	STATE		
	0.1.5	Buri	.al	11/0/	1985 Gl		aven	Mem.Pk.		cnie		o_Md		
		Cuttly Fu		7 77-4-	Balton	d.212	230	454	REC'D. BY REGISTRAR					
	MC	curry Fr	mer, a	1 Home	, 100 h.	Fort	Ave.	333	COM CU FU	if we can	والمرواء والمجازة	1		

DHMH - 16 60M 7/84 (VRA 15, 4)



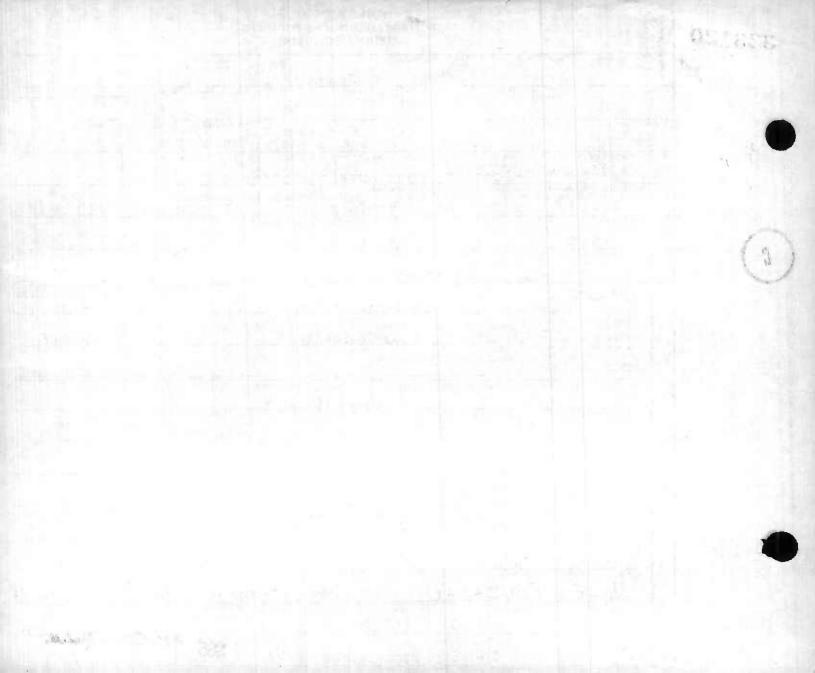
STATE OF MARYLAND



March Funeral Homes 1101 East North Avenue

DIVISION OF VITAL RECORDS.

DHMH - 16 50M 1/B? (VRA 15, 4)



FOR

	IAI	t Ur M	AKIL	ANU	27
DEPARTMENT	OF H	IEALTH	AND	MENTAL	HYGIENE
CEI	RTIF	ICATE	OF	DEATH	

	REGISTRAR			CERTIFIC	ATE OF DE	ATH	REG. NO.		
	CEASED NAME F	IRS1 /	AIDDLE	LAST			20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	SIAH Vs JO	SEPH		JON	NES S	R.	11/26/85		11 20 PM
3 SE		4 RACE	The state of	5. DATE OF			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
	Male	Bla	ck	MONTH 3	16	15	70 yr	MONTHS DAYS	HOURS MIN.
-7a. B	IRTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MA	DDIED [9 BALTIMORE CITY OR COUN	TY OF DEATH	
	MD USA			WIDOWED [CITY	MD.		
	ITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)	OTHER INSTIT		126 USUAL OCCUPATION LYPE OF WORK FOR MOST OF WORKING Self-Employe		OF BUSINESS OR
	ALTIMORE		HNS HOP		103711	ML	perr nuproje		
		COUNTY	Baltimore	N 113	d. INSIDE CITY	LIMITS?	13e.STREET ADDRESS / ZIP CO 818 N. Castle	e St.	21205
14. F	ATHER'S NAME	MIDDLE	LAST	15	MOTHER'S A		ME MIDDLE		A F 7
	Josiah		Jones .	100	Gr	ace	MIDDLE	Mi	ler
	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO. 17	INFORMAN'		ADDRESS		
	YES, NO OR UNKNOWN) (F TES, GIVE WAR OR DATES	N/A	В	eatric	e Hawk	ins 1730 E. :	32nd Str	eet
, NO	Conditions, if any, we gave rise to immed couse (o), stating underlying cause	DUE TO, OI hich (b) (b) (lost) DUE TO, OI LC)	R AS A CONSEQUE	NCE OF	UUNG		, mekastatic	2 3	months
CERTIFICATION	190 DATE OF OPERATIO	N 19b. COND	TION FOR WHICH	OPERATION \	WAS PERFORA	ΛED		YES, WERE FIND TIFYING CAUSE YES [
	21g. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL)	SE OF DEATH HOUR A.	M. MONTH DA	Y YEAR	Ne HOW INJU	IRY OCCURR	RED { ENTER NATURE OF INJURY IN ITEM	B PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		OF INJURY EET, FACTORY, OFFICE F		II. LOCATION		CITY OR TOWN	COUNTY	STATE
		11 /- 4	19_			ur) apinion o	, to 11/26 death accurred on the date and h		
	22b. SIGNATURE	7		DE	GREE	ENDING	MEDICAL STAFF	22c. DAT	ESIGNED
	() lan	7/h. Km		M			DIRECTOR PHYSICIAN	1111	27/85

Cedar Hill Cemetery

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

24 FUNERAL DIRECTOR Wm. C. March F/H, Inc. 1101 PE. North Ave.

12/3/85

230 BURIAL, CREMATION, REMOVAL

Burial

250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Glen Burnie

MD

	1.	FOR		STATE OF MARYLAND OF HEALTH AND MENTAL	HYGIENE 3 0	9 9 6
331034	11-	STATE REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE	OF DEATH REG. NO.	
331001		CE ASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN K MONT	TH DAY YEAR 26 HOUR
EF SES		SALLY		JONES	DEATH MATED 1	T 22 1700
S S S S S S S S S S S S S S S S S S S	3. SE	F. N	3 6 1912 73	RTHDAY) MONTHS DAYS HOURS	ER 24 HRS. 2c. DATE MONTH PRONOUNCED DEAD 1.	1 22 1985 P M
PAGE NAME OF THE PAGE N	a. B	RTHPLACE ISTATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MAR WIDOWED DIVOR		
24	10. C	TY OR TOWN OF DEATH Baltimore	II NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR JOHNS HOPKINS HOS	ESS)	126 USUAL OCCUPATION (TYPE OF WORLD FOR MOST OF WORKING LIFE)	OR INDUSTRY
21201 AND 3 THE RETAIN HOULD BE RECORDS		AL RESIDENCE (IF IN NURSING HOME OR TATE 13b. COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD Y 13c. CITY OR JOV	MISSION)	13e. STREET ADDRESS	13/3 51
RE, MD. 2 451.2, 458.12, 450.25H 700.25H	14. F.	ATHER'S NAME	MIDDLED ANIRLS	15 MOTHER'S MAIL FIRST	DEN NAME MIDDLE	LAST
BALTIMORE RES ATTR DEA S. GIVE PAGES WITH FORWITH F. PAGES I AN DIVISION CEV	160. \	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE W		URITY NO. 17 INFORMANT	IONES 1424 E	OLIVER S
DS, 201 W. PRESTON ST., B. XECUTED WITHIN 24 HOURS. IG." IN PENCIL IN ITEM 18, C. AL EXAMINER ALONG WITHIN FRAMIT. P. AND MENTAL HYGIENE, DIN ATION, OR REMOVAL.		PART I DEATH WAS CAUSED IMMEDIATE Canditions, if ony, which gave rise to immediate couse (a) stating the <u>under</u> -	one couse per line for (o), (b), ond (c) BY: CAUSE (o) Arteriosc DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN	lerotic cardiovas	scular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, D BE EXECT ENDING, AND BUR AS BUR CREMATIC I	TION	lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CO	(c) ONTRIBUTING TO ORATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN I	PART I (a).	
DE CHIEF MECC WOND WENDER WOND "PENDER HE CHIEF MED D BE USED AS ENT OF HEALT	TIFICA			PERATION WAS PERFORMED?		20. AUTOPSY? YES NO 🔯
IVISION OF VITAL INTEGRATION OF VITAL INTEGRATION OF THE CHIEF IS SHOULD BE USED DEPARTMENT OF HIS PRICK TO BURIAL, I PRICK TO BURIAL,	MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 14 21e PLACE OF INJURY (ATHOR	YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2)
12AAAKI	MEG	WHILE NOT WHILE DAT WORK	STREET, FACTORY, FARM, ETC.)	STREET		COUNTY STATE
TO MEDICAL EXAMINER: THE ERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAAL DIRECTOR: PAGE DEATH, WITH THE STEM BATTIMORE, MARYLAND, 2		deoth resulted from: Natura	of the remains described obave, held louses X, Accident ,	on Autopsy Inspects Suicide, Homicide TITLE (SPECIFY) A ASSISTANT	Undetermined monner .	E 11-23-85
AEDICAL ECUTE THE GE 4 SHO FUNERAL ITIMORE,		EXAMINER'S NAME Ann	M. Dixon, M.D.	M.U.	Penn St., Balto., M	NED_11 23 05
07/84 BP	(MANAGE I	6. DAJE 11/2 2/85 231. NAME OF	CEMETERY OR CREMATORY Lino Melin, P [25a. DATE	K' 23d. LOCATION CITYOGOWY E REC'D. BY REGIENED 235 REGIEN KAR	OUNTY STATE
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E ST	3. SE)	4. RAC	E 5.	DATE OF BIRTH		6 AGE (IN YEAR		R I YR.	IF UNDER		DATE	MON	TH DAY	YEAR 2	1:50
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44	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	71	. CITIZEN OF WH	IAT COUNT	RY?	MARRIED	□ NE	VER MARR	IED X 9 1	BALTIMORE C	TY OR COL	UNTY OF D	EATH	
35		Unknown		U. S.	Α.		WIDOWED		DIVORC	ED 🗆 I	Baltimo				ME
1	10. CI	TY OR TOWN OF DEA	ATH 1	1. NAME OF HOS			OR OTHER	INSTITU'	TION	FOR MOS	OCCUPATION T OF WORKING LIFE		RK 12b KIN	NDCO STRA	ëgè
-	110114	Baltimore		912 St.	Pau		2nd F	loor		Profe	ssor		Copp	in Sta	ate
	13e. S	L RESIDENCE (IF IN NU TATE laryland	136 COUNTY	OTHER INSTITUTION, GIV	13c. CITY	inore imore	130	d. INSIDE (1 YES (X	ITY LIMITS?	13e. STREET	ADDRESS 9]	2 St.	Paul	Street	et
-		THER'S NAME			Daie	IMOLC			ER'S MAIDE			TIIIOTE			
0		Unknown	,	MIDDLE	nknow	n N	-		Ruth		MIDDLE			INOWN	
	16a V	VAS DECEASED EVER		D FORCES?		IAL SECURITY	NO. 17	INFORM	MANT		ADD	RE2500		orth /	Ave.
	(4)	No.	(IF YES, GIVE WA	R OR DATES)	171-	30-3009	5 N	1r. V	Willi:	am J.	Carroll				
1		18 CAUSE OF DEAT	H (Enter anly o	ane cause per line									API	PPROXIMATE IN	HERVAL
Н		PART I DEATH W	AS CAUSED B		Strang	gulatic	n					D 01	00144	PEER ONSET AT	ND DEATH
6	-	16.			AS A CON	SEQUENCE O	F								()()
8		Canditians, if a		(b)											
1		cause (a) stating lying cause last.		DUE TO, OR	AS A CONS	SEQUENCE O									2)
				(c)											
	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS COM	TRIBUTING TO DEATH I	BUT NOT RELAT	EO TO THE TERMIN	AL OISEASE OR	CONDITION	N GIVEN IN PA	RT 1 (a)					
7	CERTIFICATION	19a DATE OF OPERA	ATION	19b. CONDIT	ION FOR V	VHICH OPERA	TION WAS	PERFOR	MED?				120 A	UTOPSY?	
4	FIC													res XX	No []
1	養	21a EXTERNAL CAU	SEWAS	216. TIME OF HOUR A.M.	INJURY 6	est.	21c. HOW	/ INJURY	OCCURRE	D (ENTER NATI	JRE OF INJURY IN IT	EM 18 PART 1 O		23 (23 - 1	140
7	10.750	UNDERLYING XX	OR CAUSE OF DEA		11-2		subi	ect	was s	strang	led				
1	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE C		(AT HOME,	21f. LOCA	TION			TY OR TOWN				STATE
	2	WHILE NOT	ORK XX	Home		-)			Paul		2nd Fl.	, Bal	to., I	Md.	STATE
		22a I certify that	I taak charge o	of the remains des	ribed abav	e, held an	Autapsy		Inspection	n .	Inquiry ,	and in my	y apınıan		
		death resulted ray	: Natural	couses .	Accident	Suic	ide 🔲,	Hamic	ide XX	Undeterm	ined manner				
		ACTUAL A VI	20000	- MA	. 92	11/1		TITLE (SI				DA	TE 7	1 26 6	0.5
2		SIGNATURE L	eller	DUX M	NIV.	1 mg	M.D.	ASS1	stant	MEDICA	LEXAMINER	SIC	GNED_1	1-26-8	85
4	_	EXAMINER'S NAME	Deni	nis F. Sr	nyth.	M.D.	4.5	20555	111 F	Penn St	t., Bal	to	Md.	21201	
-	23a.Bl	(TYPE OR PRINT)				AME OF CEM		DILLOS		123d. LOCA					
	(5	Cremati		1/27/85		urity				CITY OR T	OWN		to.	STATE	
	24 N	HERAL DIRECTOROL	ns Fune	ral Home	2501	Gwynn	Fall	10	250. DATE F	REC'D. BY RE	GISTRAR 25b	REGISTRAR	SSIGNATI	URE	•
	Ba	iltimore.	Marylan	d 21216	2001	Jany IIII.	Jul		DEC	3 19	85	-	2		

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1	- S	OR TATE					H AND MENTA		0 1) 7	7 0	
1	RI	EGISTRAR				INER'S	CERTIFICATE	OF DEATH	REG. NO.			
		OR PRINT)	HENRY	J	WIDDIE		LAST	20. DATE OF	KNOWN X	MONTH DA	Y YEAR	26. HOUR
γ			(James	()	H.)	Jo	oppy		MATED -	11/19/	1985	N
3	SEX	4.	RACE	5. DATE OF BIRTH	6. AGE (III	YEARS IF U		DER 24 HRS. 2t. DAT		MONTH DA	Y YEAR	24 HOUR 5:08
r	MA.	LE B	LACK	4/15/19	958 27	YRS.	THE DAYS HOURS	MIN. PRONOL		11/19/	19 85	P M
70		THPLACE (STAT	E OR	76. CITIZEN OF WHA		1.10.	una 🗖 . seven	9 BALTI	MORE CITY OR			
9		TOWT ANT	D	IICA		WIDOV	NED NEVER MA		-imoro (714		
10		ARYLAN OR TOWN OF		USA 11. NAME OF HOSP	ITAL NURSING HO			120. USUAL OCC	JPATION (TYPE C	DE WORK 12b	KIND OF BUS	
)		D. 112			LITY, GIVE STREET ADDRES			FOR MOST OF WO	PLOYED		OR INDUSTR	Y
113	SILAI	Baltim		916 Eamor	ndson Ave			ONE	FLOIL	01/	777	>
	a. STA		136. COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS	32 13e. STREET ADDE	RESS	210	168	
-		MD			BALTIMO	DRE	YES X NO	910 51	MONDSC	N AVE	1	
14	FAT	HER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MA	AIDEN NAME	MIDDLE		LAST	
1		HENRY		JAMES	BROWN		TERE	ESA			JOPPY	Y
16	O. WA	AS DECEASED E	VER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SECU		17. INFORMANT		ADDRESS			
L	_	OV			217-84	-1431	TERESA	ZIEGLER	916	EDMON	DSON	AVE
		18 CAUSE OF I	DEATH (Enter on	ly ane couse per line fo	or (a), (b), and (c).}					BE	APPROXIMATE I	INTERVAL AND DEATH
		PARTIDEAT	H WAS CAUSED IMMEDIA	D BY: TE CAUSE (0)		Seizur	e Disorde	er				
			W. WILL D. [A.		S A CONSEQUENC			The Service				
			if ony, which to immediate	(b)								
1		couse (o) st	oting the under-	< ' '	S A CONSEQUENC	CE OF					15	
		lying cause	last.	(0)								
	-	PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING 10 DEATH BU	T NOT RELATED TO THE T	FERMINAL DISEAS	SE OR CONDITION GIVEN IN	N PART 1 (a)				
						WIVER.						
	CERTIFICATION	19a. DATE OF O	PERATION	19b. CONDITIO	ON FOR WHICH O	PERATION V	VAS PERFORMED?			20	AUTOPSY?	
	FIC										YES T	NO 🗆
+	E E	210. EXTERNAL	CAUSE WAS	21b. TIME OF I	NJURY	21c H	OW INJURY OCCUR	RRED (ENTER NATURE OF I	NJURY IN ITEM 18 PA	RT 1 OR PART 21	152	NOL
	- h	UNDERLYING	OR	HOUR A.M.	MONTH DAY Y	EAR		The state of the s				
		CONTRIBUTING	CLIPPED		19 INJURY (AT HOME	211.10	CATION					
	MEL	WHILE 1	NOT WHILE	STREET, FACTO			STREET	CITY OR T	OWN	COUNTY		STATE
1		AT WORK	AT WORK									
		22a. I certify	that I took charg	ge of the remains descr	ibed obove, held o	n Autop	osy X, Inspec	ction , Inquir	, and	in my opinion		
		death resulted	from: Natur	rol coup X	Accident .	Suicide	, Hamicide	Undetermined r	nanner .			
				1	/		TITLE (SPECIFY))				
		ACTUAL SIGNATURE		XIVV				ant MEDICAL EXA	MINER	DATE SIGNED	11/20	/85
5			/	0						0101420		
-	- 8	EXAMINER'S NA	AME Gree	porv R. Kau	ıffman, M	.D.	ADDRESS	111 Penn S	St.			
23	la. BUI	RIAL, CREMATIC	ON, REMOVAL 2				OR CREMATORY	23d. LOCATION				
	{5PI	BURÎAL						BALTI	MORE	COUNTY	STA N/	ATE AD
2			OR .	11/25/85	MT	ZION	250. DA	TE REC'D. BY REGISTE		TRAR'S SIGNA		
W	M.	NERAL DIRECTO	ARCH F	H 1101 N	ORTH AV	T.	N	10V 25 198	5 ~	الانتيانا	- proper	96
				TTOT T/	ON III AV	I'd a	1 1	TUY /IU COL	16.11		9	

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STATE OF MARYLAND

DEBARTMENT OF BEALTH AND MENTAL BYCIENS

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1 - STATE REGISTRAR	DET AKT	CERTIFICATE O		REG. NO.		
I DECEASED NAME FI	RST MIDDLE	LAST		20 DATE OF DEATH MON	TH DAY YEAR	2b HOUR
	ank (Lenius)	Jordan		November	29, 1985	N
). SEX	4 RACE	5. DATE OF BIRTH	Y YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DATS	IF UNDER 24 HRS
Male	Black		11 00	85	YRS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIT	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVI	ER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
VA	USA	WIDOWED 🔀	DIVORCED [Baltimore	City	M
Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 1523 McKea	n Ave.	NSTITUTION	BETHLEHAM "		OF BUSINESS OR
	OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORM TO Balti	VN 13d INSID	DE CITY LIMITS?	13e STREET ADDRESS / ZIF	code an Ave.	21217
JOHN THEY	MIDDLE JORDA		IER'S MAIDEN N	AME MIDDLE	HOLL?	YAW
PART I. DEATH WAS	nter anly one cause per line for (a), (b), o CAUSED BY: AEDIATE CAUSE (a) DUE TO, OR AS A CONSEQU	HYDRAT	1000,	Brown 1731 H		St.
gove rise to immedicouse (o), stoting underlying cause le	ote	JENCE OF			DN GIVEN IN PART 1:	o
IN. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PER	RFORMED		IF YES, WERE FINDI CERTIFYING CAUSES YES	
OR COLUMNIA COLUMN	E OF DEATH HOUR A.M. MONTH	DAY YEAR	V INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	TEM 18 PART I OR PART 2)	
(IF EITHER NOTIFY MEDICALE) 21d INJURY OCCURRED NOT WHILE	216. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCA ST	ATION	CITY OR TOWN	COUNTY	STATE
220.1 certify that (1) (this saw the deceased a	s hospital) attended the deceased from live on		my) (our) opiniai	, ta	nd hour and fram the	
abave, (l) (we) (did)	(did not) view the body alter death	DEGREE	A TYPE 10 10 10	MEDICAL STAFF	22¢ DATE	SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL 12-5-85

Wm. C. March F/H

RABHAKAN.M.D

236 NAME OF CEMETERY OR CREMATORY KING

RANDALLSTOWN

24 FUNERAL DIRECTOR

1101 E

UEG 4

DIVISION OF VITAL RECORDS

DHMH - 16 60M 7/B4 (VRA 15, 4)

0

24 FUNERAL DIRECTOR Anatomy Board

23a BURIAL, CREMATION, REMOVAL

Removal

11/16/85

23b DATE

ADDRESS. Balto., Md.

23c. NAME OF CEMETERY OR CREMATORY

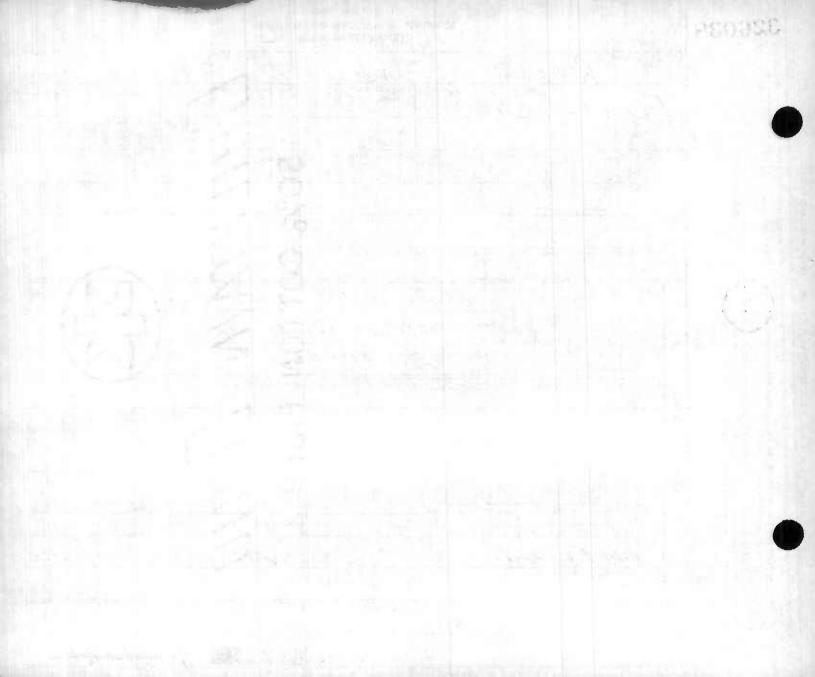
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d LOCATION

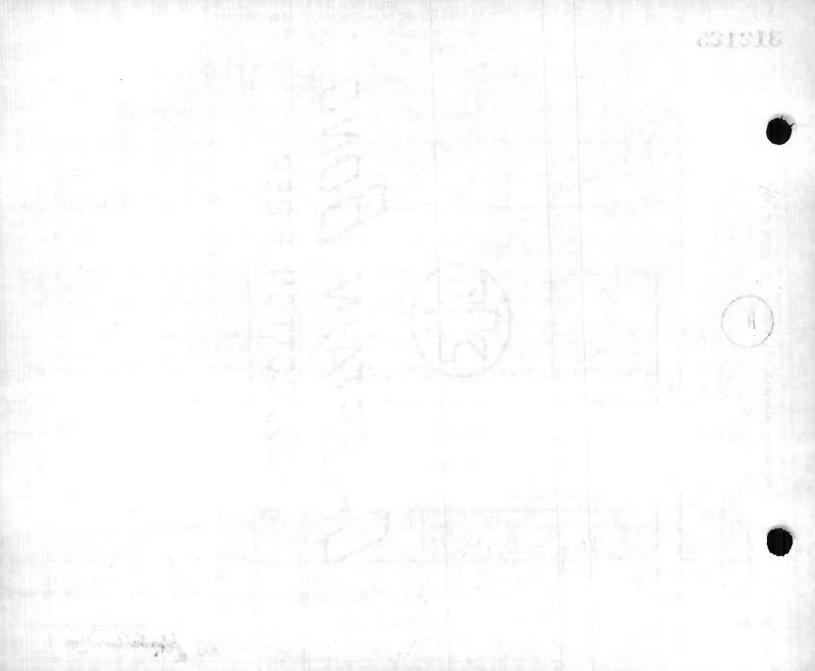
CITY OR TOWN

STATE

COUNTY



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312125		REGISTRAR CEASED NAME	FIRST	-	MEDICAL	EXAMIN	FK.2 C	EKITF	CATEO	F DEAT	REG	. NO.		
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STATE	3. SE)	4	RACE	5. DATE OF BI	DAY YEAR	6 AGE (IN YEA LAST BIRTHDA		DER 1 YR.	IF UNDER		c. DATE RONOUNCED	MONTH	DAY YEAR	24 1100K
ARY ON TON	-	ALE	BLACK	2 09	56	29 YR	S.				DEAD		2-8519	10:AM
THE RESS	FO	RTHPLACE (STA	TE OR	76 CITIZEN O		NTRY?	MARRI	ED NE	EVER MARRI	ED X	BALTIMORECIT	_		
S NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS		ARYLAND		U.S			WIDOW		DIVORC		Baltimo			MD
Y IS		altimore		11. NAME OF	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORLD 124" HOMEWOOD TRAVETURE - rear							(TYPE OF WORK	OR INDUS	USINESS TRY
F ANY DELAY IS NI AND 3 TO THE FU AND 3 TO THE FU PROVIDE BE FILED.										UNE	MPLOYED		N/A	
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A A A A A A	1000	ARYLAND	-		BAL	TIMORE		YES (X)	NO 🗆	525	DOLPHIN	STREET	, 21217	
E, MD.		ATHER'S NAME		MIDDLE		LAST			ER'S MAIDE	NAME	MIDDLE		LAST	
SEA RES		ILLIAM		R.		JOSEPH	- 17		MARY				BRISCO	E
LTIMORE, M	16a. V	VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURITY	NO.	17. INFOR			ADDŖ			
RS AFTER DEATH. I GIVE PAGES 1, 2 WITH FORM PM 3. PAGES 10 DIVISION OF UPAGES 10 DIVISIO	N	0				N/A		Mary	/ Jose	ph, 5	25 Dolph	in Stre	eet, 21	217
N. W. J.		18 CAUSE OF	DEATH (Enter on TH WAS CAUSE	ly ane cause pe							of state of		APPROXIMA BETWEEN ONS	ET AND DEATH
A E N		1,11,102		TE CAUSE (a)		ot wound		nead]					
A PANAMANA		C dia	20 1004		, OR AS A CO	NSEQUENCE C	F							
S S S S S S S S S S S S S S S S S S S	13	gave rise	, if any, which to immediate											
A MENT		lying cause	tating the <u>under</u> - last.	DUE TO	, OR AS A CO	NSEQUENCE C	F							
4 D-MEOO		1		(c)_										
DIVISION OF VITAL RECORDS, 2 S CRITICATE SHOULD BE EXECU RITING THE WORD "PENDING" II ROED TO THE CHIEF MEDICAL E E 3 SHOULD BE USED AS A BURL TO PRIOR TO BURIAL, CREMATION OF PRIOR TO BURIAL, CREMATION	7	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT NOT REI	LATED TO THE TERMI	NAL DISEASI	DR CONDITIO	IN GIVEN IN PAI	RT 1 to				
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SHOULD SH	ICA	198. DATE OF C	PERATION	196 CO	NUTTON FOR	WHICH OPERA	ATION W	AS PERFOR	KWED?				20 AUTOPSY	
S S S S S S S S S S S S S S S S S S S	RTI	Zie. EXTERNAL	CAUSEWAS	21h TIAA	E OF INJURY	22.24	Tale Me	3/4/ [6] [] []	/ OCCUBBE	D . F1/750 1/4	TURE OF INJURY IN ITEA		YES X	NO 🗆
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SION STIFIC SHOT RIOR RIOR	MEDICAL	71d INTURY OC	CURRED		CE OF INJUR			CATION	o roui	14 5110				
S CE RETEN	ME	WHILE AT WORK	NOT WHILE		PACTORY FARM.				omewoo	d Ave	ende Ba	altimor	e. Mary	land
I A A A E I	9	AT WORK	AT WORK			_								
SE S	15	220 I certify	that I taak charg	ge of the remain	s described ab	ave, held an	Autap		Inspection	n 🔲 ,	Inquiry .	and in my api	inian	
WITH BE		death resulted	fram: Natu	ral causes 🔲	Accident	Suid	ide 🔲	, Hami	cideXX.	Undeter	mined manner			
EXA CERT OILD F WIT WARN		ACTUAL (VOIAO :	To Mas	46.00			,	SPECIFY) .			DATE	11 0 0	
A PARSHA		SIGNATURE_	moder	e la c	Tierr		M	D. As	sistar	T MEDIC	AL EXAMINER	SIGNE	11-3-8	5
WO DE	10	EXAMINER'S N	AME Mana	arita A	Kovo	11 M D			111 Pe	nn ST	Treet			
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2	72. 5	(TYPE OR PRINT						ADDRESS_		23d LOC				
	230.61	BUR	ON, REMOVAL	11-8-19		NAME OF CEM				CITY OF	NWOTS	COLINT	TY S	STATE
07/84 BP	24 F1						MEM	KIAL			BALTIMORE	EGISTRAR'S SI		
DHMH - 17	N	LAMER &	SONS FU	NERAL H	OME, I	VC NAT		216			985		-Andell	6 .
(VR A15 ME (5))		501 GWYI	AINO LAFF	S PARKW	AI, BAL	_TO., MI	1	216	NUV	061	300	6	-	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR

REGISTRA	R			CERTIF	ICATE OF DEATH	REG. N	0		
1. DEGEASED NA	AME FIRST		MIDDLE		(ASI	2a. DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE OR PRINT)	Thon	nas	F.	Jovo	e	November	26.	1985	M
3. 5EX		4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BI		MONTHS DATE	
Ma	le	Whi	te	Ma	v 28. 1916	69	HOURS MIN.		
To. BIRTHPLACE	(STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY	YRS OR COUN	TY OF DEATH	
	rvland	1	TSA	WIDOW		Baltimon	e Ci	ty	MD.
10 CITY OR TOW	N OF DEATH	(IF NOT IN SUC	HOSPITAL, NURS IN HEACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) B. G. &	OF WORKING		OF BUSINESS OR
USUAL RESIDEN 130. STATE Md.	CE (# NURSING HOME		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Baltimo	4	134 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 5518 Sag			39
14 FATHER'S NA		WIDDLE	Joyce		15. MOTHER'S MAIDEN NAME FIRST ROSA	Theresa	Me	cLaughli	in
	SED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDR	ESS		
LYES, NO OR UN	NO (IF YES.	GIVE WAR OR DATES)	216-01-8	463	Mrs. Ernesti	ne Joyce	same	as # 13	3
gove riscouse (couse (couse (couse)) PART 2 O	is, if ony, which e to immediate ol, stating the g couse lost.	DUE TO, O	siler	NCE OF	NOT RELATED TO THE JERM	INAL DISEASE OR CON West and 200 AUTOPSY?	20b. IF Y	OVEN IN PART 1	INGS USED
	ENT WAS UNDERLYING		FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	YES NOTE NATURE OF INJURE		YES 🗌	NO 🗌
9	NOTIFY MEDICAL EXAMI Y OCCURRED NOT WHILE AT WORK	21e PLACE	M. OF INJURY REET, FACTORY, OFFICE, FA	19 NRM, ETC 1	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
22a certi sow tobove 22b. SIGN	fy that (I) (this had he deceased alive to the deceased alive to t	on not view the body	19		nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	our and from the	that (I) (we) lost e couses stated ESIGNED
/ ~	cian's NAME (TYP	tricia	MD	23	20 ADDRESS 2926 E. Co	ld Spring	200	Baltimo	re. Md.
23a BURIAL, CRE	MATION, REMOV	AL 23b. DATE	23¢ N	IAME OF C	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Burial	11/30	0/85 N	ew Ca	thedral Cem.	Baltimon	o M	arvland	
Leonar Leonar		ek Inc. B	altimore,	Mary		UV 27 08	25b. REGI	STRARS SIGNA	ride in in

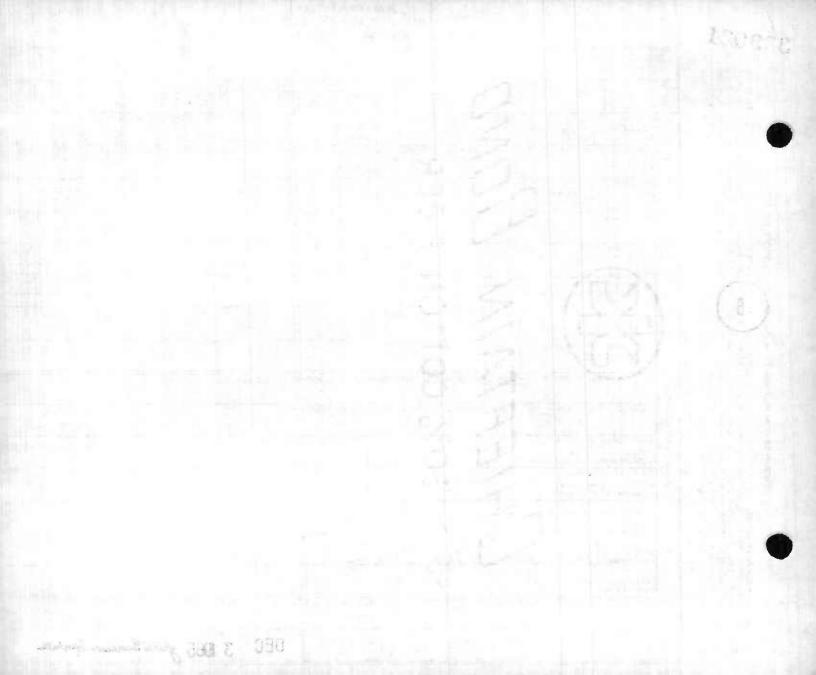
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		١,	FOR		D			MARYLAND H AND MENTAL	HYDIENE	3	10	0 0	
000	021	1-	STATE REGISTRAR		MED	ICAL EXAMI	NER'S	CERTIFICATE	OF DEATH	REG. N	40		
3,02			CEASED NAME PE OR PRINT)	F#ST Alex	MDDLE LAST ⊇Xis Jundkin				20. DATE KNOWN X MONTH			28 19 85	
	25 E E E E E E E E E E E E E E E E E E E	3. SE	x 14	RACE	5. DATE OF BIRTH	6. AGE (IN		UNOKINS NDER 1 YR. I IF UNDE			MONTH	28 19 85	
	ESSARY, REASE ERA, DIRECTOR, OR YOUR FIES THIN 72 HOURS RESTON STREET	F		В	10 20	85 LAST BIRTH	YRS. TON		MIN PRONO DE	UNCED AD	11	28 19 85	5.18
•	#St.S	F.C	RTHPLACE (STA PREIGN COUNTRY) ARYLAN		U.S.A. Never Married Never Married Baltimore City or Count Never Married Baltimore City,							Y OF DEATH	JW.
	PAGE 5	Baltimore			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (I'VE OF WORK OF MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)							176 KIND OF BUSINESS OR INDUSTRY	
21201	MD. 21201 TH. IF ANY DELA TH. IF ANY DELA M. 3. CETAIN IN D. 25 HOULD BE ATTAL PEOCHOS.		AL RESIDENCE (I TATE ARYLAN	LIST COUN	OR OTHER INSTITUTION, GIVI	BALTIM		13d. INSIDE CITY LIMITS? YES A NO	316EET £00	PRE L'SANV	ALE S	212 STREET	:01
WD.			ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	WIDDLE		LAST	
93	AN SERVE	L	ARRY		G.	JUDKINS	5	KAREN		В.	C	CORNIS	H
IWO	N N N N N		WAS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRES	SS		
ALT	A STATE OF S	N	0			NONE		LARRY J	UDKINS	316 L	ANVAL	E ST.	21201
1	28 m		18 CAUSE OF PART I DEA	DEATH (Enter an	ly ane cause per line to							APPROXIMAT BETWEEN ONS	ET AND DEATH
*	A SERVED		-50	IMMEDIA	LE CHOOL (O)	AS A CONSEQUENCE		eath Syndr	ome		-		
1	223729		Conditions	, if any, which	DUE TO, OR	AS A CONSEQUENCI	: Or						
× .	ON THE WAR			to immediate tating the under-		AS A CONSEQUENCE	OF						
201	EZXXXX		lying cause	e last.	(c)								
DIVISION OF VITAL RECORDS, 201 W	AABAGA		PART 2 OTHER SIGN	HEICANT CONDITIONS		UT NOT RELATED TO THE TE	RMINAL OISEA	SE OR CONDITION GIVEN IN I	PART 1 (a)				
8	ULD BE EXE "PENDING "PENDING ED AS A BL HEALTH AL L, CREMA'	CERTIFICATION								10	4-1		
A A		CAI	19a. DATE OF C	OPERATION	196 CONDITI	ION FOR WHICH OP	RATION V	VAS PERFORMED?				20 AUTOPSY	(3
VI.	いっつ ヨーコー	E	21a EXTERNAL	CALICEVALA	Tall Time of		Tax .				11-11	YES K	NO 🗆
0	E TESES		UNDERLYING	OR		MONTH DAY YE	AR ZIC. F	IOW INJURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM 1	B PART 1 OR PART	1 21	
Sio	CERTIFIC TING TI SED TO 3 SHOU DEPART	MEDICAL	CONTRIBUTING	G CAUSE OF		FINJURY (ATHOME,	211 10	CATION					
DIVI	WR WR AGE	ME	WHILE AT WORK			ORY, FARM, ETC.)		STREET	CITY OR	TOWN	COU	NTY	STATE
	ATE, ORV		22a. I certify	that I took charg	ge of the remains des	ribed apove, held an	Auto	osy X, Inspecti	ion . Inqui	ry . o	and in my opi	nion	
	ME BE F	uV	death resulted	from: Notu	ral causes X	Accident	vicide _	, Hamicide	Undetermined	manner	. 10		
	CERTIL CERTIL ULD B DIREC WARY		ACTUAL /	Open	11/1/	7	ha.	TITLE (SPECIFY)			DATE	11/00	105
	SHESTER -	1	SIGNATURE_	Venn	un /	Myrel	MARIN	A.D. Assistan	MEDICAL EX	AMINER	SIGNED	11/29	785
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFE DEATH, WITH THE ST BALTIMORE, MARYLAND, 2			EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St. Balto.MD.								•		
	525 FEB -		SPECIFY)	ON, REMOVAL		23c. NAME OF C			23d. LOCATION	3 5 7 7 7 7	COUNT	TY DEST	YLAND
07/84 25M	BP		BURIAL UNERAL DIRECT	08	12-4-85	CEDAR	HIL		ANNE				LAND
	DHMH - 17 (VR A15 ME (5))				INC. ADD 151	01 E. NO	RTH	AVE. DE	C 3 196		STRAK'S SH	MATURE !	N.



0.4.0.000		FOR			ST. DEPARTMENT OF		AARYLAND	AVOIENED	3	1	0 (4	
343009	11-:	STATE REGISTRAR			DICAL EXAMI			OF DEATH	REG. N	10		4	
	1. DEC	CEASED NAME FOR PRINT)	FIRST		WIDDLE		LAST	2e. DATI	E KNOWN [MONTH		YEAR 26 HO	UR
E 55.05.	3 SEX	14.0	He:	imrich Is date of birth	Tr. ACE (IN)	TEARS LAF UI	unge		H MATED	X 11	16 ₁₉ 8		M
ARY, PU ADRECT YOUR F NOT HO	Ma		hite	MONTH GAY	YEAR LAST BIRTH			MIN PRONO DE.	UNCED	11	16	6.2	26
PRESENT NO	FOR	RTHPLACE (STATE (REIGN COUNTRY) West Geri		7b. CITIZEN OF W	HAT COUNTRY?	8. MARR	IED NEVER MARE	EIED L	MORE CITY			ТН	
STATE OF STA	10. CIT	ry or town of a	DEATH	11. NAME OF HOS	SPITAL, NURSING HOA ACILITY, GIVE STREET ADDRESS N. Calvert	AE, OR OTH	ER INSTITUTION	12e. USUAL OCC			12b KIND	OF BUSINESS DUSTRY	ND
1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SUA 13a. ST		13b. COUN	OR OTHER INSTITUTION, G	13c. CITY OR TOWN Balto.	SION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADD 815 N	RESS Calve	ert S	t. 21	1202	
EATH EATH FEATH FEATH FAND FAND FAND FAND FAND FAND FAND FAND	14 FA	THER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAID	EN NAME	WIGGE		LAST		
ALTIMO AFTER D SIVE PAG TH FORM AGES 11 AISSON 6	(YE	/AS DECEASED EV ss. no. or unknown) nkn.		MED FORCES? WAR OR DATES)	16b SOCIAL SECUR 562-60-7		17. INFORMANT	5.1	ADDRES	SS			
HOURS M 18 C MAIR PART PARE DIV		18 CAUSE OF DE PART I DEATH	I VALAC CALICE	D DV	e for (a), (b), and (c).)	tic	ardiovascu	lar dise	ase		APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEA	тн
N. RECORDS, 201 W. PRESTON ST DUID BE EXECUTED WITHIN 24 HO "PENDING" IN PENCIL IN ITEM. FE MEDICAL EXAMINER ALCING SED AS A BURIAL - TRANSIT PENN F HEALTH AND MENTAL HYGIENE AL, CREMATION, OR REMOVAL	NO	gave rise cause (a) stat lying cause lo		(b)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TEL	OF	E OR CONDITION GIVEN IN PA	ART 1 (a)					
MTAL RECOR	ICATIC	19a. DATE OF OPI	ERATION	19b. CONDI	TION FOR WHICH OPE	RATION	AS PERFORMED?				20 AUTOPSY?		
OF VI	MEDICAL CERTIFICATION	210. EXTERNAL C. UNDERLYING CONTRIBUTING	OR		MONTH DAY YE	AR 21c. H	OW INJURY OCCURRI	ED LENTER NATURE OF	MJURY IN ITEM 1	8 PART 1 OR PA	YES	□ NO X	3
TATATATE TATE	MEDI		URRED OT WHILE WORK	STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR	TOWN	co	YINUK	STATI	E
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		22a. I certify that I tage cyange of the remain described above in tage. Inspection X Inquiry , and in my apin death resulted frage. Natural causes XX Accident							7 -	1/17/85	5		
CECUTE 1	-	EXAMINER'S NAM (TYPE OR PRINT)	THOIR	as D Smith			THE DITECTOR	Penn St.		lto.M	D.		
07/84 RP	73a.BU	RIAL, CREMATION Remov		73b DATE 11/26/85	23c. NAME OF C	EMETERY C	RCREMATORY	23d LOCATION CITY OR TOWN	1	cou	NTY	STATE	
25M DHMH - 17 (VR A15 ME (5))	24 FU	NERAL DIRECTOR		ACCORESS	Balto	., Md	DEC C	5 1985	1 0.	SISTRAR'S	SIGNATURE	in.	



REGISTRAR I. DECEASED NAME

MARGARET

White

STATE OF MARYLAND

KACZMARE

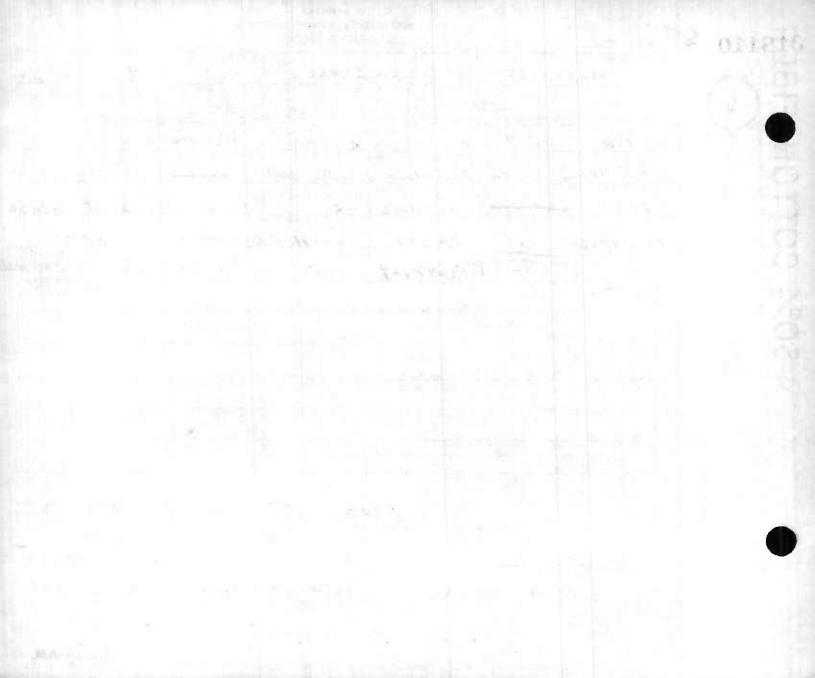
DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA

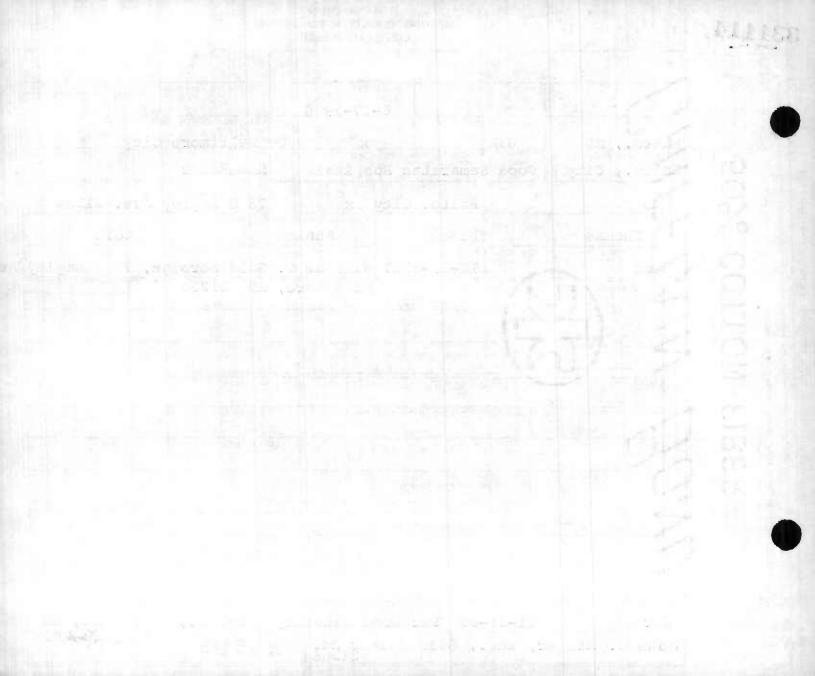
	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
K	11 09 85 1.35 1
	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 74 HRS
YEAR 5	80 YRS MONTHS DAYS HOURS MIN.
RIED 🗆	9 BALTIMORE CITY OR COUNTY OF DEATH
CED 🗌	BALTIHORE CITY MD
ION	126 USUAL OCCUPATION 126 KIND OF BUSINESS OR
HUSP.	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY COOL City Schoo
IMITS?	13e.STREET ADDRESS / ZIP CODE
	116 W. OSTEND St. 2123
IDEN NA	
HERI	WE OTT
Lawr	ence Kattinarek, Same as# 13

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

	/	EMACE	anite	11 05 05	80	YRS	
30		RTHPLACE (STATE OR FOREIGN 7	LOUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
50		MJ.	U. S. A	WIDOWED DIVORCED	BALTIM	ort City	,
17		TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI		F BUSINESS C
0	10	BALTIHORE	SOUTH BALTIMO	DEE GENERAL HOSP.	NOW E	0 1 011	Scho
1		AL RESIDENCE (IF NURSING HOME OR COUNT	Y 13c CITY OR TOW		13e.STREET ADDRESS	ZIP CODE	
2		MD. BALT	HORE BALTIH		116 w. 0	ISTEND ST.	212
-	14. FA	THER'S NAME	IDDLE LAST	15 MOTHER'S MAIDEN NAM	MIDDLE	LAST	
9	14-1	VAS DECEASED EVER IN-U.S. ARM	DAILE	PRITY NO. 17 INFORMANT JAMES		OT	T
		VAS DECEASED EVEN IN SERVE GIVE SING	4-844 TT 340	TICLAAT	south GA	Marek, Same	VERAL
		DADT L DEATH WALE CALICED	ane couse per line for (a), (b), on				MATE INTERVAL
		IMMEDIATE	CAUSE (a) MASSIVE	MIDDLE CEREBR			
		A STATE OF THE STA	DUE TO, OR AS A CONSEQUE	ENCE OF	HEMORRHI	4GE	
		Conditions, if any, which	(b)	The State of the S			
		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF			
B		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN PART La	
	NO						
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN	
-	RTIF		7-1-1		YES NO	YES 🗌	NO 🗆
3	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 216. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18. PART 1 OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
Н		AT WORK		11/00 05	11/0	9 . 05	
		220.1 certify that (1) (this haspite saw the deceased alive an_	11/09	, and that in (my) (aur) apinian d	enth prourred on the dr		that (I) (we) l
		above, (I) (we) (did) (did not) 22b SIGNATURE	view the bady after death.	DEGREE		224. DATE S	
		B-Badio	<	ATTENDING _	MEDICAL STAI	FF . 11/15	9/85
1		276 RETSECIANTE MAME TOTAL	renerly	22e ADDRESS	DIRECTOR PHYSIC	IAN A	110
1		BASSIM	BADRO	SOUTH BAC	TIMORE	GENERAL	HOSP.
		JURIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY W&Cathedral Cemt	23d LOCATION BAITTIME	ore, "Mary	/ไลก็ดี ^เ
	24 FI	JNERAL DIRECTOR	Balto .Md . 130			25b. REGISTRAR'S SIGNATU	
B4 .	le(Cully Funeral	Home, 2123 OPESS	NO	V 1 2 1085	ja Savidson	
				1,50	1 2 1000		

DHMH - 16 60M 7/B4 (VRA 15, 4)



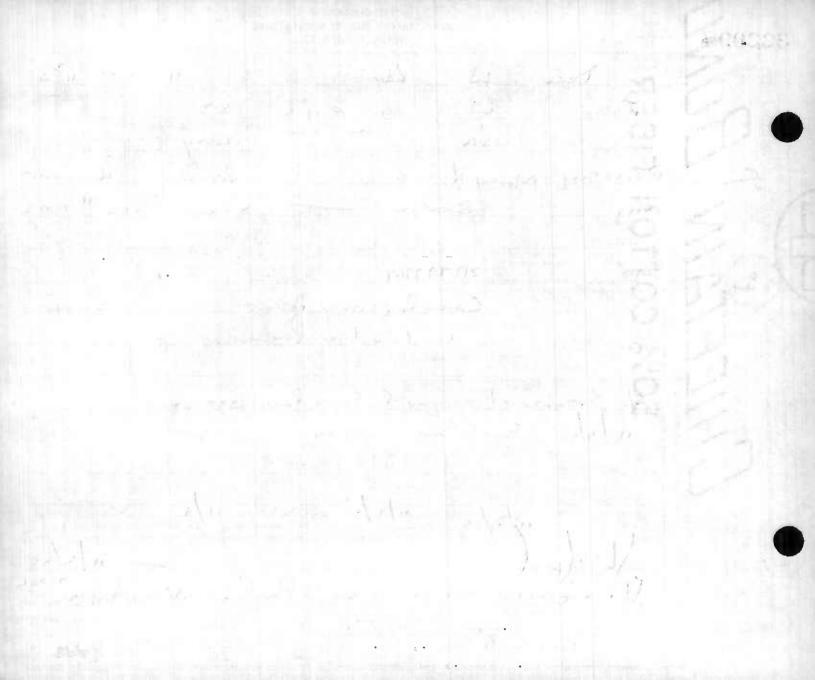


(VRA 15, 4)

	1	500	ME PROJECT OR AS A CONSCOUENCE OF DUE TO , OR AS A CONSCOUENCE	1 0 0 7		
322098	1.	FOR - STATE	DEPART		GIENE	
3,4,4,030		REGISTRAR				
e ∞ €		CEASED NAME FIRST	JURA	KAMNER	20 DATE OF DEATH MONTH	3.0
moy be poge 3 er deoth	-					- 11
4 mo	3 5E				6 AGE (IN YEARS LAST BIRTHDAY)	
A DEL		EMALE		JUNE 28 1902	11/0	
* # 2 C//		IRTHPLACE (STATE OR FOREIGN COUNTRY)		MARRIED ANEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1 1 1		ENGLAND		WIDOWED DIVORCED	C174 ()	
1 1 10-	10. C	ITY OR TOWN OF DEATH				124 MINELPONIE INESS OR
5		Bacro City	M. EN HOSE	rac		Homemaker
10 mm	USU 13a.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO		13e STREET ADDRESS / ZIP COD	#21201
A 41 100		MD	Bacrol	YES HOL		
1 10 4	14. F/	ATHER'S NAME FIRST	MIDDLE LAST	FIRST		LAST
p 0.0	1	DAVID	WEISBLAT	TT BA	ILA	
1						
(10)		20	21279	7969 8 CHARLES F	PLAZA BALTO., 1	
(多种种类		18 CAUSE OF DEATH (Enter or	ly one couse per line for (o), (b), a	nd ici.i		RETWEEN ONSET AND DEATH
- in	1		/ >	Lagrantory Ar	Rat	3 Days
the contraction of the contracti	1		DUE TO, OR AS A CONSEQU	JENGE OF		
the deof		Conditions, if ony, which	((b) Ler-	- Come Cose 1 ~	MUMO3 CA	
the remo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
that the the set by the second contraction or other		underlying couse lost	(c)			
gne en pl	1,	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BULNOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
requential to the single or to	CERTIFICATION					
low low so be ermit e print	CA	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES	S, WERE FINDINGS USED EXING CAUSES OF DEATH?
NN: The lo hysicion. Icose hos ronsit per Hygiene 118 shows	E .	11/3/55				
ohysicide ficote tronsit 18 sho	7	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 1	PART I OR PART 2)
HYSICIA ding ph is certifi buriol-ti Mentol or frem	MEDICAL	(IF EITHER NOTHER MEDICAL EXAMINER		- April		
	MED		(AT HOME STREET, FACTORY, OFFICE	PARM ETC)	CITY OR TOWN	COUNTY STATE
DING P or offer the se os the offh ond morked		AT WORK ALMORK			= 11	
END OR: OR:					<u></u>	19 that (I) (we) lost
ATTI DSpit d for d for m 21		obsee, (I) (see) (did) (did no	ti view bod ofter death.		death occurred on the date and hou	
OR A DIRE Oched Dept		27% SICHATURE	1		MEDICAL STAFF	Mr. DATE SIGNED
RAL det		16 17	1	PHYSICIAN		11/8/66
HOSPITA HOSPITA by FUNERA by the Stote h the Stote bookTANT		774 PHOSICANDONIAME	# #8(+01)."	27e ADDRESS	0	1 21201
TO HOSPITAL retoined by the TO FUNERAL should be detoined with the Stote [IMPORTANT: If		1 + 1+20A	reich mit	J 301 STV.	our Years More	2000 por
FFF95		BURIAL CEMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		LOUNTY
BP		BURIAL	NOV.10,1985	BETH TFILOH	BALTIMORE	MARYLAND
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR SOL	LEVINSON & BROS	., INC.	ATE REC'D. BY REGISTRAR TO REGIS	RAR'S SIGNATURE

BALTO.

6010 REISTERSTOWN RD.



STATE OF MARYLAND

injury, or ather traumatic ev

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

S	TA	TE	OF	MA	R	ľL	AP	(D
 						_		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

-		REGISTRAR	SED NAME Table March Ma									
			M	IDDLE	l	AST		2a. DATE C			DAY YEAR	2b HOUR
	TYPE	Lorie Lorie	ne t	vilhelmin	a k	elly			1	1 0	¥ 85	115 PM
	3 SEX	X	4 RACE			F BIRTH		6. AGE (IN	YEARS LAST BIR			IF UNDER 24 HRS.
	1	Female	White		MONT	1 29	17	6	7		AONIHS DAYS	HOURS MIN.
Con.		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8 MARRIE	D NEVER M	APPIED [9 BALTIMO	ORE CITY O	R COUNTY	OF DEATH	
1		Maryland	U.S.A	•	WIDOWE	DEXX DIV	ORCED	-				MD.
1	B	attimore /	Francis S	SCOTT Key	Medical Medica						INDUSTRY	Home
1	13a, S	aryland Bal	VTV.	13c SITY OR TOWN	1	YES 🗌	NO XX		Dalto	n Aver	rue 212	24
7	FA	Oscar Ri	chard	Wageley					larrie	t	Arms	rong
2				212-14-2	102	Patsy	McAbee	945 4	alton	Ave.	21224	
		18, CAUSE OF DEATH (Enter or	ly one cause per l	ine for (a), (b), and	(0)						BETWEEN	MATE INTERVAL ONSET AND DEATH
	7-1			DARDIAG	· Ar	REST	•					
		- Invited in		AS A CONSTOUR	ICE OF					ATH MONTH DAY YEAR 12 HOUR LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 21 HRS. MONTHS DAYS HOURS MIN. CITY OR COUNTY OF DEATH CUPATION LANGE OF MORKING LIFE IN LINE BY HOME CUPATION AND THE STORY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RECONDITION GIVEN IN PART 110 (? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? OF INJURY IN ITEM 18, PART 1 OR PART 2) TYOR TOWN COUNTY STATE 19, that (1) (we) last at the date and hour and from the causes stoted EXAMPLE AND THE SIGNED STAFF PHYSICIAN 120. C,		
		Conditions if any which	DUE TO, OR	3 - 1 4		ARTO	2 4 01	COM	E		IF UNDER 1 YEAR IF UNDER 24 HRS. YRS. COUNTY OF DEATH COUNTY OF DEATH COUNTY OF DEATH AVENUE 21224 ARMSTrong AVENUE 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TION GIVEN IN PART 1 IG 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO INTERNAL NO INTERNAL TION BY HOME TION GIVEN IN PART 1 IG 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO INTERNAL TOWN STATE 19 that (I) (we) lost and hour and from the causes stated T2c. DATE SIGNED	
	. 4	gave rise to immediate) 10)		,		771	70.44-	-			
			DUE TO, OR	AS A CONSEQUE	NCE OF							
	10	DADI S. OTHER CICALIFICANT	(c)	AUTOMOTOR TO D	5 4 TH A DIST	ALGE DELLETED I				LAST BIRTHDAY) LEAST BIRTHDAY LEAST BIRTHDAY		
	NO	PART 2 OTHER SIGNIFICANT	LONDITIONS <u>CO</u>	NIKIBUTING TO D	EATH BUT	NOI RELATED	IO THE LEKW	INAL DISEA:	SE OR CON	DITION GIVE	EN IN PART I	3'
7	ATI	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH O	OPERATIO	N WAS PERFOR	MED	200 AUT	OPSY?			
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	MEDICAL				19	21L LOCATIO	N					
	ME				RM, ETC)				CITY OR TO	WN	COUNTY	STATE
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	100	abave, (1) (we) (did) (did no	view the bady o	ifter death.			oor, opinion e	Dediti decon	ea on the ac	are and noon		
		J. SIGNATURE	000			AT					77t. DATE	SIGNED
		220 PHYSICIAN'S NAME (TYPE	OR PRINT)	ETT		22. ADDRESS			EASE OR CONDITION GIVEN IN PART 110 EASE OR CONDITION GIVEN IN PART 110 EASE OR CONDITION GIVEN IN PART 110 EAST OF INJURY IN ITEM 18. PART 1 OR PART 2) CITY OR TOWN COUNTY OF DEATH ADDRESS Dalton Ave. 21224 BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH CAUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ON CERTIFYING CAUSES OF DEATH? CITY OR TOWN COUNTY STATE 19 that (I) (we) It coursed on the date and hour and fram the causes stated 22c. DATE SIGNED THE COUNTY COUN			
		DAVID BR.	AN DES	, M.D.		FRA	NCES	SCOT	TK	EY M	ED. C.	
		URIAL, CREMATION, REMOVAL		23c N	AME OF C	EMETERY OR CI	REMATORY	23d. LOC	ATION		COUNTY	
		Burial	11-26	-85 4	oudo	r Park		Bal	timon	e (itu	Md.	STATE
	24 FL	INERAL DIRECTOR		40004	1			EREC'D. BY	REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE
	(h	arles S. Zeile	r & Son:	Inc. 6224	Eas:	tern Av	2. 116	V 25	1985	Talla in	wydson-v	anciell

DHMH - 16 50M 1/BI (VRA 15, 4)

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	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAK			421111			REG. N	0.		
I. DECEASED NAME	FIRST	WIDDIE		LAST		2a. DATE OF DEATH	MONTH DA	YEAR	26 HOUR
) TYPE OR PRINT)	Thior	ne 2		Kelly		November	30, 198	35	6:00P A
SEX		4. RACE	S. DATE	OF BIRTH		6. AGE (IN YEARS LAST BIT	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
	6	1 3	MONT	H DAY	YEAR	50		ONTHS DAYS	HOURS MIN.
a. BIRTHPLACE (STATE	E OR FOREIGN	CITIZEN OF WHAT	COUNTRY?		-	9 BALTIMORE CITY	PR COUNTY (OF DEATH	
BOLTIMO.	2 8 10		MARRIE	ED NEVER	VORCED [Baltimore			M
Baltimore		(IF NOT IN SUCH FACIL	TAL, NURSING HOME (ITY, GIVE STREET ADDRESS) General Hos		TITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFE		1 Bull
USUAL RESIDENCE IF	13b COUN	TY 130 C	SIDENCE BEFORE ADMISSION) ITY OR TOWN	13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	NS 51	
4 FATHER'S NAME					S MAIDEN NA	ME			7/4/
FIME A		NODLE MOS	LAST	ANN	FIRST M	MIDDLE		LAS	51
160 WAS DECEASED E			OCIAL SECURITY NO.	17. INFORMA	ANT	ADDR	ESS		
LYES, NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES	18-7884	How.	CANUI	Kally sa	4101	AUNO	ens H
IR CAUSE OF D	EATH (Enter and	y one cause per line fo	ar (a) (b) and (c)	1 1 - 1 - 1	N			APPROX BETWEEN	ONSET AND DEATH
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E						YES NO	YES		NO 🗌
OR CONTRIBUTION		IH	JRY MONTH DAY YEAR 19		IJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAI	(T OR PART 2)	
21d. INJURY OCC	DI WHILE DI WORK	21e. PLACE OF IN.	CTORY OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
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MATURE	Lett	feld M	1 Feffrey	COO		MEDICAL STA	FF CIAN [12/	3/85
Jeffre	s NAME (IM O	//	1/	C/O		nd General	Hospita	al	-6-1
730 BURIAL, CREMATIO		236 DATE	23c. NAME OF C		CREMATORY	23d LOCATION	tm,	COUNTY 4	1. ~ JATE
13UN/4U		12 19 14	ALD	vrvs	75a DAT	E REC'D, BY REGISTRAR			TIDE
TO TENAL DINECTO	IV.				LUE DAI	E HEC D. DI KEOBIKAN	VEC IN I	AK D DIGITAL	DINE _

DHMH - 16 60M 7/84

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(VRA 15, 4)

thin 24 hours after death. Page 4 may be (2) sely filled in by the funeral director. page 3 (2) is should be filled within 72 hours after death (2) ner must be pailthed or once.

injury, or other the

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please min with the State Dept. of Health and Mental Hygiene prior to burial, critical IMPORTANT: If Hem 21 is marked or Item. 18 shows any injury, or other

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that their retained by the haspital or attending physician.

executed within 24 hours after

angues Manges (38 NG, Inson

DEC 3 1985

REGISTRAR'S SIGNATURE

2002	/1-	FOR STATE REGISTRAR	DE	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 5	3 1	0 !	
3003/		CEASED NAME FIRST	WIDDLE		LAST		ONTH DAY		HOUR
poge 3	(TYPE	OR PRINT) AUGU	STA	KE	MSTEDT	Marin San	11 23	85 2	7 10/
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2 how		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF D	EATH	
nerol proprieta		Maryland	U.S.A.	WIDOW		Baltimore	City		M
with Fied	10_CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 121	KIND OF BU	JSINESS O
DO Bed	B	altimore	409 Parks		ue	Homemaker		_	
d be		AL RESIDENCE (IF NURSING HOME TATE 136, CO	OR OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)		13e.STREET ADDRESS /	7IP CODE		
filled	M	aryland	Balti		YES X NO	409 Parksle		e 212	223
~	14 FA	THER'S NAME	MIDDLE	AST	15 MOTHER'S MAIDEN NAM		1	LAST	
11 13	20	Unknown	Rer			UNKNOW	N .		
n j		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT .	ADDRES	S	21228	3
~/		NO		-74-3527	Ms. Dorothy	Kemstedt 120	00 Weste	APPROXIMATI	21. A
y the attending pt e remove carbonp cremation, or remo ther troumotic ever		PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	ievosei	las arteriose	· levois , ge	newly	/	
nit. Then pleas rior to burial, ny injury, or o	CERTIFICATION	PART 2. OTHER SIGNATION		idents /	T NOT RELATED TO HE TERM Mulliple DN WAS PERFORMED	INAL DISEASE OR COND	20b IF YES, WEF	RE FINDINGS	USED
pern pern me p	IFIC					YES NO.	IN CERTIFYING YES T	CAUSES OF	DEATH?
iol-transit nitol Hygie em 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCURR				_ LJ
iter this cost the burth ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY.	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N C	OUNTY	STATE
CTOR: A lfor use of of Healt 121 is ma		saw the deceased alive above, (1 (ve) (did) (did	spital) attended the deceased on	from	and that in (our) apinion (death occurred on the dat		from the cau	(l)(we) lo
RAL DIRE detached tate Dept		Harbart I	Levela	es K	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI		11/23	185
should be deto with the Stote		Herbert J. I			5404 East	Drive			
Of a MA		URIAL, CREMATION, REMOV		23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION			61415
	(SPECIFY) Burial	11/26/85	Meadown	ridge Mem. Pk.	Elkridge	Howa		Maryla
- 16 60M 7/84	24 FU	INERAL DIRECTOR		2		E REC'D. BY REGISTRAR 2	Sh. REGISTRARIS		
RA 15, 4)	Н	TANTAL	Home, Inc. 4	- DAESS	ens Ave.	V 25 1985	م المناسلة المناسلة		1567

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

FOR - STATE REGISTRAR REG. NO. 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR. (TYPE OR PRINT) Marvin Kennedy Sr. 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 3 SEX YEAR Male Black 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN MARRIED | NEVER MARRIED S.C. Baltimore, City WIDOWED # DIVORCED | 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Swale Retired Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Baltimore 404 Swale Rd. 21225 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Braddlev John Lula Kennedy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes 248-14-6035 Jacqueline Kennedy 404 Swale 18. CAUSE OF DEATH (Enter only one couse per line to) (a), (b), and (c). PART I. DEATH WAS CAUSED BY: andras IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Congestive Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. 15 19 85 saw the deceased olive on sabave, (I) (wa) (did) (did nat) view the body after death and that in (my) (and) opinian deoth accurred on the date and have and from the causes stated 22b. SIGNATUR DEGREE reservat PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LIYPE OR PRINT

23a. BURIAL, CREMATION, REMOVAL 236. DATE Burial /85

23c. NAME OF CEMETERY OR CREMATORY

Md.

23d LOCATION CITY OF TOWN

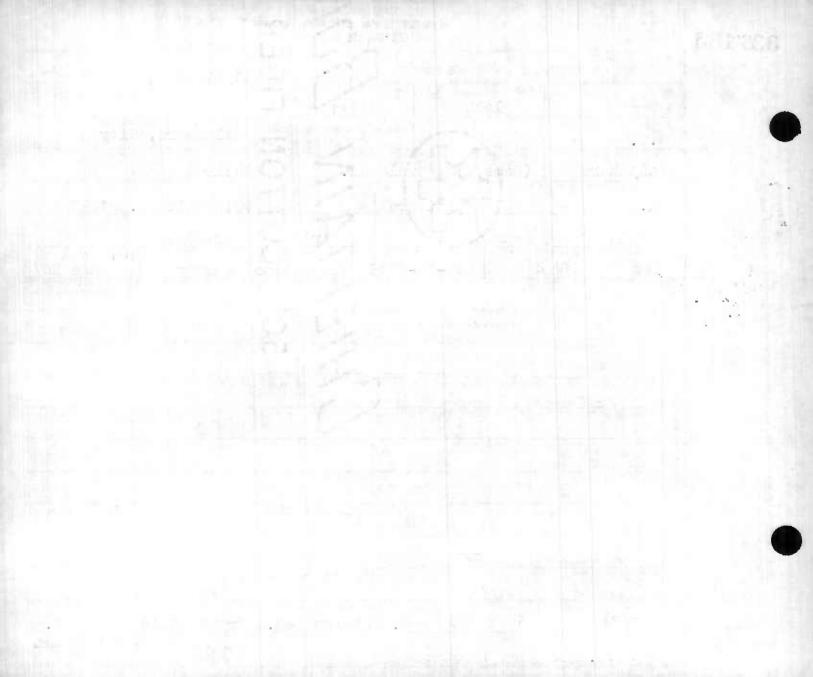
Md. Veteran Cem.

24 FUNERAL DIRECTOR

Chas.A.Rice FSPA 1300Eutaw PI 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Mandall Mandall

Crownsville

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 312030 - STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINT) W. JR. CARL KETTENBACH NOVEMBER 03 6 AGE (IN YEARS LAST BIRTHDAY) 1.56X 4. RACE 5 DATE OF BIRTH SEPT. 27, 1923 MALE WHITE BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED WASHINGTON, D.C USA WIDOWED DIVORCED BALTIMORE CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR HORSE TRAINER HORSE FARM LALTIMORE THE JOHNS HOPKINS HOSPITAL UTION. GIVE RESIDENCE BEFORE ADMISSION 3759 Jennings Chapel Rd HOWARD WOODBINE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE CARL W. KETTENBACH OSIE BUTLER ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES YES UNKNOWN) 579-20-2262 Patricia Kettenbach Same as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) liver diseuse Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF. underlying couse last. Carcinoma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY CITY OR TOWN AT HOME STREET FACTORY, OFFICE FARM, ETC) WHILE NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from New Colons of 19.85 sow the deceased alive on November 2 19 85, and that in (my) (aur) opinion death accurred on the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the body after death

226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL 11-3-85 PHYSICIAN | DIRECTOR | PHYSICIAN

224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRES SCHOTTENFELD

BALTIMORE. MD.

^{23b. DATE} NOV.7,1985 231 NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, REMOVAL OAK GROVE CEMETERY

GLENWOOD

MD. HOWARD

STATE

DHMH - 16 694 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR FRANCIS H. BARBER LAYTONSVILLE. MD.

20879

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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North H. Die, Inc. | Dillione, al.

220015	1.	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	3 3 4
336015		CEAHED NAME FIRST HARO	LO	KILGORE	20. DATE OF DEATH MONTH DA	20 110011
on a month of the control of the con	3. SE	M	4 RACE BLK	5. DATE OF BIRTH MONTH DAY YEAR 3 / 14	7 / YRS.	UNDER I YEAR IF UNDER 24 HRS INTHS DAY'S HOUR'S MIN.
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1 1/2		Rald Bald	SIMA HOSE	Im & Balding	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
E 3 32	13a.	MD BLOU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NIX A T T T T T T T T T T T T	YES NO []	130 STREET ADDRESS / ZIP CODE 4106 Sprydey	me 21207
	2	ATHER'S NAME FIRST MASS	MIDDLE Kilgore,	Sr Eugeni	WIDDLE	
TIMORE be execu-		VAS DECEASED EVER IN U.S. AF YES, NO OR JINKNOWN) (IF YES, GI	RMED FORCES? WE WAR OR DATES) 2450	7-1113 Tommie N	be Kilgire 4106	Spring dale
ST., BALTI		PART I. DEATH WAS CAUSI	nly ane cause per line for (a), (b), c ED BY: .TE CAUSE (a) Caude	equimoney Faile	ing	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death certificate the seartificate been signed by the attending to she buriol-tronsit permit. Then please remove corbon the and Mental Hygiene prior to buriol, cremation, or reported or tem 18 shows ony injury, or other traumatic evolved or tem 18 shows ony injury, or other traumatic expenses.	1	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	106emic Speci	K	
RDS, 20 equires 1 n signed Then ple r to buria injury, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	ainal disease or condition given	N IN PART Ita
TAL RECO	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
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DIVISION DING PHYS or other dis After this is as the bu	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND spitel or Spitel of for use of Heal		sow the deceased alive or abaye, (I) (we) (did) (did no	oital) attended the deceased from 19. at) view the body after death.	ond that in (my) (our) opinian	deoth occurred on the date and haur	
Y the hory the hory the hory the hory the horse detached hore Dept.		226. SIGNATURE QUILLE		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	illa 5/85
TO HOSPITAL Lefoined by the TO EUNERAL Lesson with the Store Limboratorial MAPORTANT: If		LAZERENCE	E3. MARK	S 6014 A Gre	en Meadon Plan	7
BP	3	BURIAL, CREMATION, REMOVAL (SPECIFY) 1 GCIGI	11/30/85 /	NAME OF CEMETERY OF CREMATORY	Panda //STow	COUNTY Matate
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	V. CONS 12 ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 756. REGISTR	AR'S SICONOMICALIA

STATE OF MARYLAND

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William C. March F/H West 4300 Wabash Avenue

FOR

- STATE

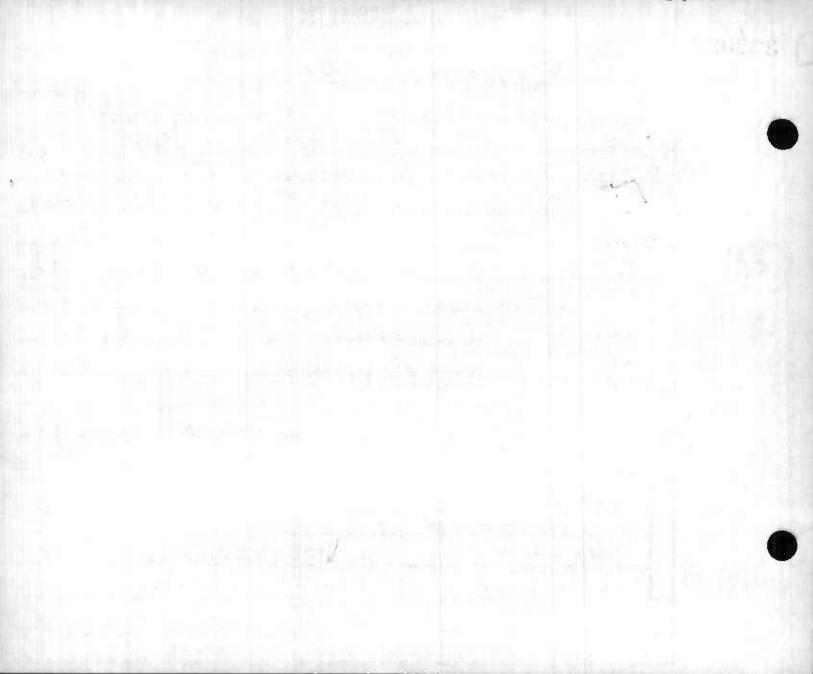
DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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REGISTRAR

(TYPE OR PRINT

To. BIRTHPLACE

130 STATE

CERTIFICATION

MEDICAL

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Item 18

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If Item 21 is

MPORTANT

of Health

COUNTRY

MARYLAND

MD 14 FATHER'S NAME

CITY OR TOWN OF DEATH

BALTIMORE

FIRST

CHARLES

(YES, NO OR UNKNOWN)

3. SEX

MARY A. KLECK

CAUGAS

Th CITIZEN OF W

1. NAME OF H

MERC

(IF NOT IN SUCH

15

FIRST

EMALE

(STATE OR FOREIGN

JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

16a WAS DECEASED EVER IN U.S. ARMED FORCES?

136 COUNTY

MIDDLE

(IF YES, GIVE WAR OR DATES)

A DEPARTA	MENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HY	SIENE 8	REG. I	3 NO.		J		/ .
DDLE	į.	AST		20. DATE	OF DEATH	HINOM	DAY	YEAR	26 HO	JR
A	K	LECK	A			11	2.8	85	2	AM
	5. DATE C	F BIRTH		6 AGE	IN YEARS LAST B	BIRTHDAY)		FRIYEAR	IF UNDE	24 HR5
IAN	OI	21	1902	. 8	33	YRS	MONIHS	DAYS	HOURS	MIN.
HAT COUNTRY?	MARRIE:		MARRIED	1 -	MORE CITY	-	TYOFDE	ATH	-0	MD
SPITAL, NURSIN FACILITY, GIVE STREET			TITUTION	(TYPE OF V	ALOCCUPA WORK FOR MOST	T OF WORKING		KIND O DUSTRY	F BUSIN	ESS OR
BALTI M	N	13d INSIDE O		13e STRE	ET ADDRESS			ACE	2	1202
ONASE	K		S MAIDEN NA	AME	MIDDLE			HAC	- (
66 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADD	RESS				

212-74 FEAT CHARLES KLECKA 407 JOPPA FARM RD.

STATE

STATE

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18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSEI IMMEDIAT	y one couse per line for (a), (b), and (c) DBY: E CAUSE (a) PHEUMONIA	APPROXIMATE INTERV. BETWEEN ONSET AND DI WWS
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) HETASTATIC: COLON CA DUE TO, OR AS A CONSEQUENCE OF	TYEARS

20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? NO YES [NO T YES 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) CITY OF TOWN COUNTY

NOT WHILE AT WORK 220.1 certify that (this hospital) attended the deceased from 10-16 _, that W(we) lost sow the deceosed olive on 11 - 78 obove, W (we) (did) (MA) at view the body ofter death 19 85 and that in (my) opinion death occurred on the date and hour and from the causes stated

DEGREE 221. DAJE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIA LIVE OF PRINT

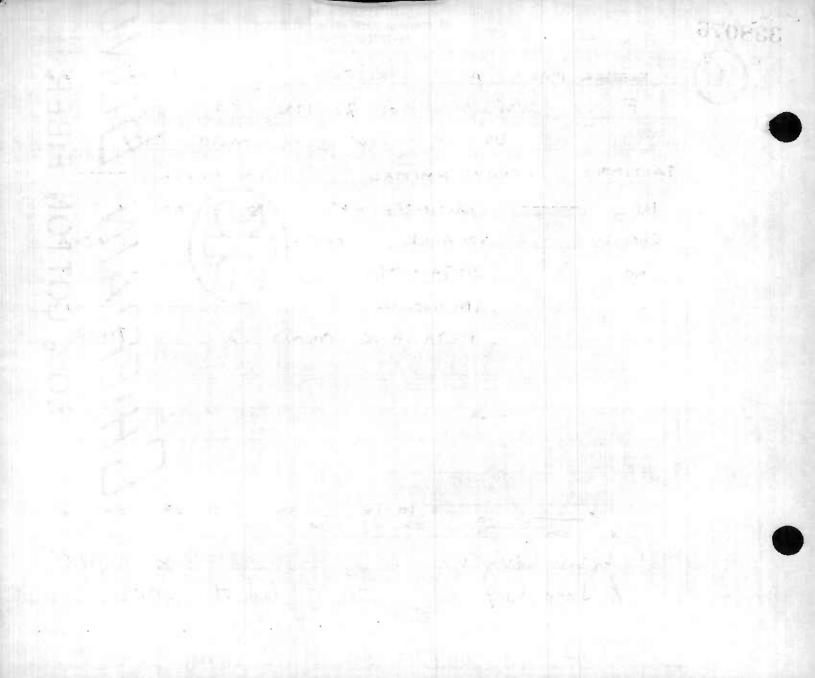
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BALTO. NATT. WEN 23a BURIAL CREMATION, REMOVAL 23d LOCATION BURTAL CITY OR TOWN COUNTY NATL. WEW. BALTO

24 FUNERAL DIRECTOR 25a, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS DEC

DHMH - 16 60M 7/B4 (VRA 15, 4)

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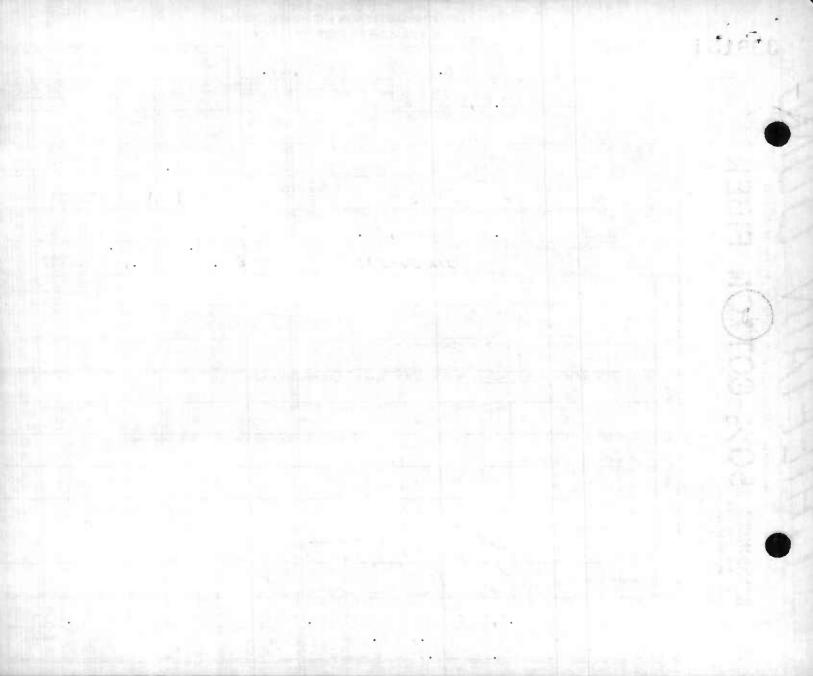


(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN



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	339134	1 DE	REGISTRAR CEASED NAMI	F	RST	74166	MIDDLE	LAAMIN		AST	CATEO			REG. NO		DAY	YEAR	25 HOUR
	25 S. S. F. 1		PE OR PRINT)		ilip		Ε.			lein	, JR.	20	OF	ESTI-	11	28 1		M HOUR
	S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	3. SE.	X	4 RACE	N	DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD			IF UNDER 2		ONOUNC	ED	MONTH	DAY	YEAR	24 HOUR 2:50P
2	ARY ON 72 ON 72 ON 72	_	MALE	WHITE		FEB.21,1		36 Y	RS.				DE AD		11	28 1		M
	NECESSARY, UNDERAL DIR 5 FOR YOU WITHIN 72 V. PRESTON	FC	IRTHPLACE (ST		76	CITIZEN OF WH	AT COUN	ITRY?	8 MARRI	D NE	VER MARRIE	DU		RE CITY O	_	Y OF DE	ATH	
	N. W.		RHODE I			USA			WIDOW					ore (101 1/10 10		MD.
	PAGE FILE		Baltin	ore		NAME OF HOSE (IF NOT IN SUCH FACE Union IN	Memor	ial Ho	spita	_	TION	FOR MO SAL	ST OF WORKIN	TION (TYPE	OF WORK	ORI	NDUSTR ESTM	Y
	ANY DE NOON DE STANT DE NOON DE STANT D	13a. S	AL RESIDENCE STATE MARYLAN	13b.	HOME OR OT	HER INSTITUTION, GIV	13c CITY	OR TOWN	ON)	13d. INSIDE (1	NO [X	13e. STREE 70	T ADDRESS PENN	Y LAN	ΙE	#21:	209	
	A		ATHER'S NAME								R'S MAIDEN							
	# # # B B B B B B B B B B B B B B B B B	1	PHI	LIP	M	E.	KI	LEIN,	SR.	F	HARRIE	T	MIDI	DLE	SCH	LOSS	BERG	
	NOW WAS IN THE	16a \	WAS DECEASED	EVER IN U	S. ARMED	FORCES?		CIAL SECURIT		17. INFORA	MANT I	HILI	PE.	KEEEN	SR.			
	SAFIE GOVE TO STAND STAN		NO NO, OR UNKNO		S, GIVE WAR		1	-56-5	333	270	0 STEE	EL E RD	•	BALTO)., M		1209	
	2 8 8 E 0	1	18 CAUSE O	F DEATH (Er ATH WAS C	ter anly ar	ne cause per line										BETWE	ROXIMATE EN ONSET	AND DEATH
	6 是那个是完善		X-xxx	IMA	MEDIATE C	1000 (0)		ned d		into	xicat	lon				-		
	A PARTY OF THE PROPERTY OF THE		Canditia	is, if any,	which	DUE TO, OR	AS A CON	ISEQUENCE	OF									
	A A A A A	1	gave ri	e ta imm	ediate	(b)												
	JIED IN PER EXAMIN IAL - TR O MENT		lying cau	stating the see last.	onder-	DUE TO, OR	AS A CON	ISEQUENCE	OF							10.		
	L RECORDS, 201 UD BE EXECUTED "PENDING" IN F "PENDING" IN F "PENDING" IN F HEALTH AND MA IL, CREMATION,	z	PART 2 DINER SI	GNIFICANT CON	OITIONS CONT	RIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TERM	IINAL DISEASE	OR CONDITIO	N GIVEN IN PART	1 (a).						
	TAL RECO	CERTIFICATION	190. DATE OF	OPERATION	1	196. CONDIT	ION FOR V	WHICH OPER	RATION W.	AS PERFOR	MED?	-	10			20 AU	TOPSY?	
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	DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL RES SHOULD BE USED AS A BUE RES SHOULD BE USED AS A BUE RES PRARTMENT OF HEATH AN OI PRIORTO BURIAL, CREMATI	AL CER	210 EXTERNA UNDERLYING	OR				DAY YEAR	21c. HC	W INJURY	OCCURRED	(ENTER NA	TURE OF INJUR	Y IN ITEM 18 P	PART 1 OR PAR	RT 2)	1.3	
	VISIO TERTIF TING TING 3 SHO DEPAR	MEDICAL	21d INJURY C	CCURRED		21e PLACE C				ATION			CITY OR TOWN		601	YINI	10-0	STATE
	12AAAE	5	AT WORK	AT WORK	IE []		5 (1, 1 A), (1, E)	70.1			18 30		CIIT OK TOWN			21411		JIAIL
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P. AFFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2.		22a. I certi	1	charge of	the remains des	ribed aba		Autaps	_	Inspection		Inquiry		d in my ap	inian		
	EXA CERT DID DIRE		ACTUAL /	100		14/		In?	1		PECIFY)				DATE			4
	A HE SEE HE WAS A	1	SIGNATURE.	Cec	uu	0	rug	3/1/1	Man.	AssAss	sistan	t MEDIC	AL EXAMIN	NER	SIGNE	D 11	/29/	85
	A CONTRACTOR	1	EXAMINER'S	NAME	Donni	s F. Sm	+16/	M.D.	3		111 P	onn (2+ 1	2=1+0	MD			
	TO PAGE	23a P	TYPE OR PRI		CTT-C-C-TT-C-T			NAME OF CE		CREMATO		[23d. LOC		Jan CO	, PiD.			
07	/84 RP 1433	130.6	BURI			C.1,1985		HEB SH				CITY OR	TOWN	RSTO	VN B	ALTO	STA N	ID
25		24. F	UNERAL DIREC			INSON ES				LIBIT	25a. DATE RE							102
	(VR A15 ME (5))		6010 RE			RD. BA			2121	5	DE	6 2	1985		· STACKA	(10)	1	



3073	STATE Item #15 11, REGISTRAR F#60	MEDICAL EX		E OF DEATH REG. N	NO.
TYP (TYP	CEASED NAME FIRST PE OR PRINT) Jason	n T.	Kline (AST	20. DATE KNOWN OF ESTI- DEATH MATED [
N FILES.	Male White		GE (IN YEARS IF UNDER 1 YR. IF UN IST BIRTHDAY) MONTHS DAYS HOUR YRS. 3	DER 24 HRS. 20. DATE S MIN. PRONOUNCED DEAD	11-11 19 85 p. A
語の	IRTHPLACE (STATE OR DREIGN COUNTRY) Mary Land	U.S.A.	MARRIED NEVER M	ARRIED ARRIED BALTIMORE CITY ORCED BALTIMO	or COUNTY OF DEATH
H	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET Agnes H		120. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE) None	12b KIND OF BUSINESS OR INDUSTRY None
13a S	ALRESIDENCE (IF IN NURSING HOME STATE BL. COUI Caryland		OWN 13d. INSIDE CITY LIMI	13e STREET ADDRESS 500 Cairn Re	pad 21108
20	ATHER'S NAME Mark			berley Ani	
16a. V	WAS DECEASED EVER IN U.S. AI (15, NO, OR UNKNOWN) (15 YES, GIV	RMED FORCES? E WAR OR DATES) None	SECURITY NO. 17. INFORMANT Kimber	ley A. Knotts	Same as 13e
	PART I DEATH WAS CAUS	nly ane cause per line far (a), (b), and ED BY: STE CAUSE (a) Sudden	(c).) Infant Death Syn	ndrome	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OF HEALTH AND MENTAL HYGIENE, I RIAL, CREMATION, OR REMOVAL.	Canditions, if any, which gave rise to immediat cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITION	e / (b)	UENCE OF	IN PART 1 to .	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED?		20 AUTOPSY?
CER (V)	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DA'	YEAR	JRRED GENTER NATURE OF INJURY IN ITEM II	YES 🔀 NO 🗌
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)		CITY OR TOWN	COUNTY STATE
MARYLAND, 21201	The state of the s	ge of the remains described above, h	Hamicide L	Undetermined manner	DATE 11–12–85
AFIER DEATH, WITH THE STATE IN	10	omas D. Smith, M.	01	Penn St., Balto	
23a B	URIAL, CREMATION, REMOVAL Burial	23b. DATE 11/14/85 Gle	of CEMETERY OR CREMATORY n Haven Memorial	Park Glen Burnie	county A. A. Md
24. F Ge	uneral director donce	4001 Ritchie Hg	wy Balto Md 250. D.	ATE REC'D. BY REGISTRAR, 256 REC	SISTRAR'S SIGNATURE

STATE OF MARYLAND

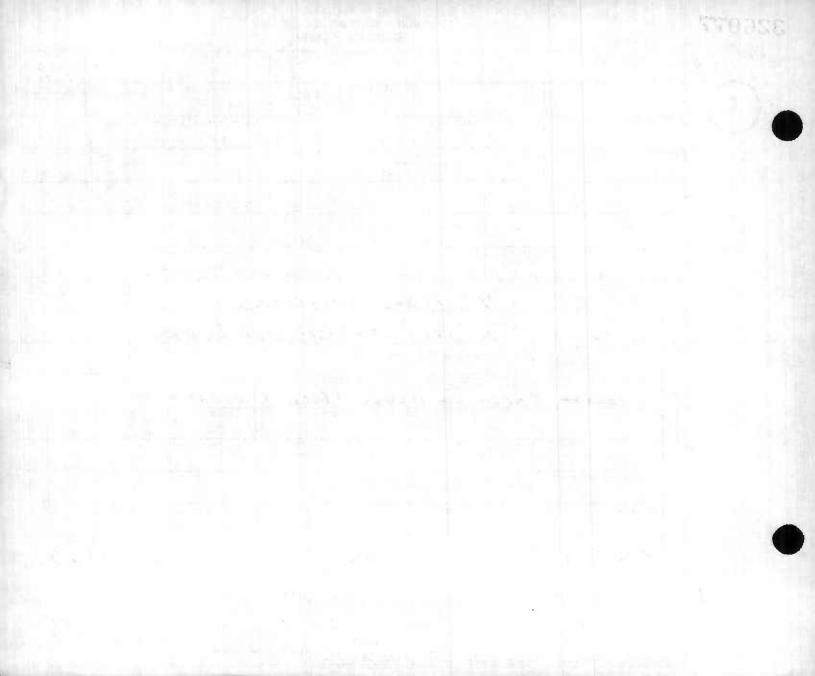
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	1 DE	STATE REGISTRAR CEASED NAME	FIRST	- ANT	DOLE	CERTIFI	CATE OF	DEATH	REG 20. DATE OF DEATH		DAY YEAR	In viol
£ 1		OR PRINT)	rmsi	1416	, ore		31		28. DATE OF DEATH	MONIN	A STOR	2b HOUI
1			PETER		Т.	-	APP			11-1	8-07	40
1	3. SE	X		4 RACE		S. DATE O	BIRTH	YEAR	6. AGE (IN YEARS LAST	BIRTHDAY	MONTHS BATS	HOURS
6)		Male		Whit	e	6	25	15	70	YRS		
M		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8.	XNEVER	MARRIED -	9. BALTIMORE CIT	OR COUNTY	OF DEATH	
X5		Pennsylva	nia	U.S	.A.	WIDOWE		IVORCED [Baltim	ore Cit	-V	
3//	10 C	ITY OR TOWN OF	DEATH	M. NAME OF HO	SPITAL, NURSIN		OTHER INS	STITUTION	120 USUAL OCCUP	ATION	12b. KIND (OF BUSINES
97	R	altimore			mes Host				Salesman		The A	
8 630	JSU.	AL RESIDENCE (#)	NURSING HOME OF	OTHER INSTITUTION GI	VE RESIDENCE BEFORE	AGMISSION)						
364	7	arvland	Do 14:		Arbutus	N	YES T	NO 🔀	4305 For			229
		ATHER'S NAME	Iball.	riiore I	ALDULUS			'S MAIDEN NA		Ciralii RC	Dau 21	229
1 1 2	10	FIRST		WIGDTE	LAST			FIRST	WIDGIE		ŁA	51
1/2 1	4	Andy			Knar	go	ŗ	Theresa			Pi	voar
1 in		VAS DECEASED EY		MED FORCES?	66 SOCIAL SECU	RITY NO.	17 INFORM	ANT	ADI	DRESS		
0	1	NO	1		109-10-4	4233	Shir	ley A. I	Knapp 4305	Fordha	am Rd.	2122
<u> </u>		18 CAUSE OF DE	ATH Enter on	ly ane cause per lu	ne lar (a). (b), and	1(0.)					APPROX	MATE INTER
mov mov ent,		PART I. DEAT	H WAS CAUSE	D BY:	YOCAR.		11)	FARCT	1011			0
9 9			IMMEDIAI	E CAUSE (a)	700111-	-1110	1,0	701001				
n n +-				DUE TO, OR	AS A CONSEQUE	NCE OF	-11-00	004160	22 212	MAC		
m , c		Canditions, if a		(b) <u>CC</u>	(SONA IS	A 140	MENC	nclek	135 2120	JEICE .	-	
ation, c		cause (a), st		DUE TO OR	AS A CONSEQUE	NCE OF						
emation, ser frouma		underlying co	ruse last.	(c)							4003	
ase remave co il, crematian, s ather trauma		underlying co										
please remave ca urial, cremation, 6 7, ar ather trauma			IGNIFICANT (ONDITIONS CON	TRIBUTING TO D	EATH BUT I	OT RELATE	D TO THE TERM	INAL DISEASE OR CO	ONDITION GIV	EN IN PART 1	n
hen please remave co ta burial, cremation, s ijury, ar ather trauma	NO		IGNIFICANT (Y AL C FA			o
burial burial ry, or	ERTIFICATION		- 10 m	CARCIA	ON FOR WHICH	NLUN	c P	ROBABL		STATIC		

TO FUNERAL DIRECTOR: After this certifica should be detached for use as the burial-tra with the State Dept. of Health and Mental H HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 or He 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.) STREET morked NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased fram etained by the haspital saw the deceased alive an. and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death If Item 226 SIGNATURE The DATE SIGNED DEGREE ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN MPORTANT: 22d, PHYSICIAN'S NAME ITYPE CHAPPELL 22e ADDRESS Pelgan Agnes Hospital Michael 23d LOCATION
Baltimore 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY [SPECIFY] COUNTY Maryland 11/22/85 Loudon Park Cemetery BP Burial 24 FUNERAL DIRECTOR 21229 BY REGISTRAR 256. REGISTRAR'S STONATURE DHMH - 16 60M 7/84 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAN REG. NO DECEASED NAME MIDDLE O. DATE KNOWN X DAY (TYPE OR PRINT) ESTI-DEATH MATED Stephen Kovach 26% SEX 4 RACE 5. DATE OF BIRTH A AGE UN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAYL PRONOUNCED Male White 12 2 17 67 YRS 26/19 85 DEAD D M O BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Pennsylvania U.S.A. DIVORCED WIDOWED Baltimore City IB. CITY OR TOWN OF DEATH 17a USUAL OCCUPATION (TYPE OF WORK KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Meat Packer 2534 Foster Ave. Food Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY Md. Baltimore 2534 Foster Avenue 21224 YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Joseph Kovach Nagy Agnes 17. INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. M Szczepanski, 522 S. Decker Baltimere, Md. YES, NO, OR UNKNOWN) Mrs. Agnes 202-09-2803A 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION USED / ARDED TO THE CHIEF A AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HE/ 1201 PRIGR TO BURIAL, (19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO V 210 EXTERNAL CAUSE WAS E, WRITING THE WARDED TO THE PAGE 3 SHOULD B 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE WHILE AT WORK EXECUT THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PLANTER DEATH WITH THE STA 22a. I certify that I taak charge of the remains described above, held on Autapsy Inspection and in my opinian Hamicide Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY STATE Burial 11-30-85 Helly Hill Mem. Park Baltimere Baltimere 07/84 BP 35 PEGISTRARY SIGNATURE TO AND THE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Matthews Funera Matthews, (VR A15 ME (5))

STATE OF MARYLAND

is it 25 lottes vonge ore i.f. 10-00-00 ps. 15: 000, 11: 000 ps. 10 ps. 10

 RYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAL

FOR STATE

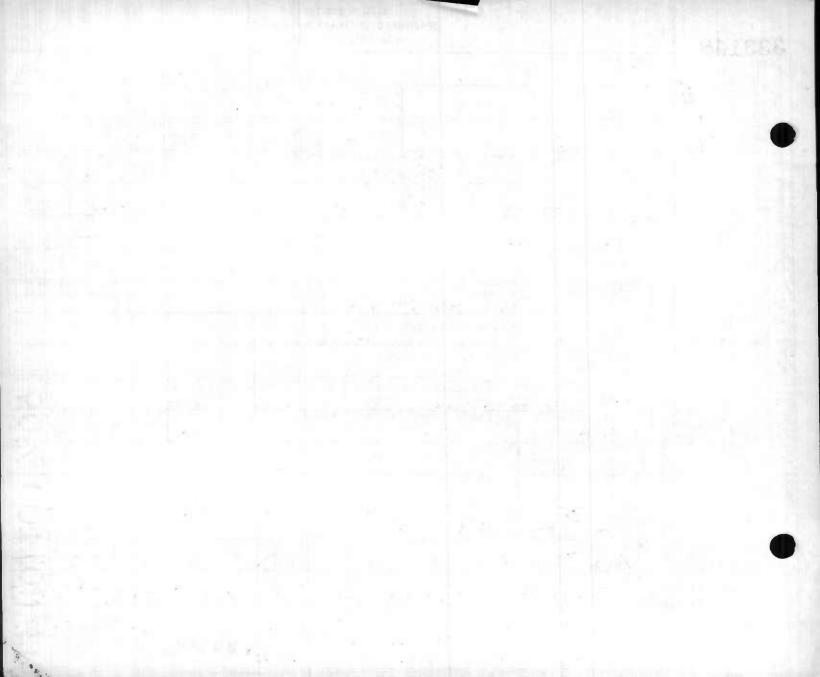
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	ECEASED NAME FIRST	MI	IDDLE	LAST		20. DATE OF DEATH	MONTH	OAY YEAR	26 HOUR
	WILLI	AM H	. KRAE	BBE, JR		11.8	85		1-15A,
1.58	EX	4 RACE		OF BIRTH		6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	MALE	WHITE	MON!		16	69	YRS	MONTHS DAYS	HOURS MIN.
74. 5	ENTHELACE (STATE OF FOREIGN		VHAT COUNTRY? 18			BALTIMORE CITY		Y OF DEATH	
	Maryland	U.S.A	MARRI	ED KNEVER	NARRIED I	Ral+	imore	City	ME
	CITY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSING HOME			120 USUAL OCCUPAT	ION	12b KIND O	F BUSINESS OR
	Paltimoro		FACILITY, GIVE STREET ADDRESS)			The of work for most	-		x Avait
USU	Baltimore UAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION G				Engineerin			Avait
	STATE 13b COUP	4TY	13c. CITY OR TOWN	YES THE		13e STREET ADDRESS			22
	Maryland		Baltimore		S MAIDEN NAM	2606 Cole	stre	et 212	23
1	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAS	
_	William	H.	Krabbe		Catherin	e		G	eiglin
	WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORM	ANI	ADDR	233		
	NO		215-09-4626	Julia	E. Krab	be 2606 Cc	le St		
	18 CAUSE OF DEATH Enter only one couse per line for iai, (b), and ic						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		TE CAUSE (a)	EREBROVASC	WAR	ACCIDE	NT		14	days
z	cause (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT ((rc)	AS A CONSEQUENCE OF	T NOT RELATER	TO THE TERMI	NAL DISEASE OR CON	DITION GIV	VEN IN PART 110	
10	190 DATE OF OPERATION	196 CONDIT	196 CONDITION FOR WHICH OPERATION		DRMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO		
TIFICA						YES NO	Y	23	NO []
CERTIFICA	210. ACCIDENT WAS UNDERLYING			21c HOW II	JURY OCCURRE	D (ENTER NATURE OF INJU			но 🗌
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	A. MONTH DAY YEAR	21c HOW II	JURY OCCURRE				NO []
		HOUR A.M P.M 21e PLACE O	A. MONTH DAY YEAR A. 19 DEINJURY	211 LOCATI	ON	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 216. INJURY OCCURRED	HOUR A.M P.M 21e PLACE O	A. MONTH DAY YEAR A. 19		ON		RY IN ITEM 18		NO STATE
	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED HILE NOT WHILE AT WORK	HOUR A.M P.M 21e PLACE O (AT HOME STREE	A. MONTH DAY YEAR A. 19 DE INJURY ET FACTORY OFFICE FARM, ETC.)	211 LOCATI	ON T	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	STATE
	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED THILE NOT WHILE AT WORK 220.1 certify that 10 (this hosp	HOUR A.M. P.M. 21e PLACE O (AT HOME STREET	A. MONTH DAY YEAR A. 19 DE INJURY ET FACTORY OFFICE FARM, ETC.) deceased from 10	211 LOCATI STREE	ON 1	CITY OF TO	RY IN ITEM 18	COUNTY	STATE that I'v (we) los
	OR CONTRIBUTING CAUSE OF DE. HE EITHER, NOTHY MEDICAL EXAMINED 21d. INJURY OCCURRED NOT WHATE ORK AT WORK 220.1 certify that Noth hasp sow the deceased alive on above, (1) (Ne) (did) Total ag	ATH HOUR A.M P.M 21e PLACE O (AT HOME STREE	A. MONTH DAY YEAR A. 19 SE INJURY EL FACTORY OFFICE FARM. ETC.) deceased from 10 19 85	211 LOCATI	ON 1	D (ENTER NATURE OF INJU	RY IN ITEM 18	COUNTY	STATE that I'v (we) los couses stated
	OR CONTRIBUTING CAUSE OF DE. HE ETHER, NOTHY MEDICAL EXAMINED 21d. INJURY OCCURRED LE OFK AL WORK 22a.1 certify that IL (this hasp sow the decased alive on	ATH HOUR A.M P.M 21e PLACE O (AT HOME STREE	A. MONTH DAY YEAR A. 19 SE INJURY EL FACTORY OFFICE FARM. ETC.) deceased from 10 19 85	211 LOCATI STREE	ON 19_85 100() apinian di	CITY OR TO	RY IN ITEM 18	COUNTY 19 25 17 ond from the case DATE	STATE that I (we) los couses stated
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DE. HE ETHER NOTHER MEDICAL EXAMINED TO AN ON WHILE AN WORK 228. I certify that Nu (this hasp sow the deceased alive on above, (1) (Ne) (did) 10hd ag 278. SIGNATURE	ATH HOUR A.M P.M P.M P.M I P.M	A. MONTH DAY YEAR A. 19 SE INJURY EL FACTORY OFFICE FARM. ETC.) deceased from 10 19 85	211 LOCATI STREE	ON 19 85 1 Touch apinian de	CITY OR TO	RY IN ITEM 18	COUNTY 19 25 17 ond from the case DATE	STATE that (by (we) los couses stated
	OR CONTRIBUTING CAUSE OF DE. HE EITHER, NOTHY MEDICAL EXAMINED 21d. INJURY OCCURRED NOT WHATE ORK AT WORK 220.1 certify that Noth hasp sow the deceased alive on above, (1) (Ne) (did) Total ag	ATH HOUR A.M P.M P.M P.M I P.M	A. MONTH DAY YEAR A. 19 SE INJURY EL FACTORY OFFICE FARM. ETC.) deceased from 10 19 85	211 LOCATI STREE	ON 19 85 1 Touch apinian de	CITY OR TO	RY IN ITEM 18	COUNTY 19 25 17 ond from the case DATE	STATE that I (we) los couses stated
MEDICAL	OR CONTRIBUTING CAUSE OF DE. LIFE ETHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED OR AND WHILE OR ON WHILE ALL WORK 220. I certify that 12 this hasp sow the deceased alive on above, (1) (Ne) (did) Taid ag 278. SIGNATURE 22d. PHYSICIAN'S NAME TYPE C. BURIAL, CREMATION, REMOVAL	ATH HOUR A.M P.M P.M P.M P.M P.M P.M P.M P.M P.M P	A. MONTH DAY YEAR A. 19 SE INJURY EL FACTORY OFFICE FARM. ETC.) deceased from 10 19 85	211 LOCATI STREE 22 4 Degree 22e ADDRE	ON 19 85 1 Town opinion do ATTENDING PHYSICIAN SS CHOULES	CITY OR TO MEDICAL STA DIRECTOR PHYSIC PHYSIC 1234. LOCATION	RY IN ITEM 18	COUNTY 19 25 Ur and from the county 224 DATE	STATE that it (we) loss couses stated SIGNED 1 · 8 · 85 BALTO.
MEDICAL	OR CONTRIBUTING CAUSE OF DE. LIFE ETHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED TOR AND	ATH HOUR A.M P.M P.M P.M P.M P.M P.M P.M P.M P.M P	MONTH DAY YEAR 19 SE INJURY EL. FACTORY OFFICE FARM. ETC.) deceased from 10 19 35 office death. 123c NAME OF 10	211 LOCATI STREE 22 4 Degree 22e ADDRE	ON 19 85 1 Town opinion do ATTENDING PHYSICIAN SS CHOULES	CITY OR TO , 10 11 2 eath accurred on the d MEDICAL PHYSIC	ate and hou	COUNTY 19 25 17 ond from the case DATE	state shot is (we) los couses stoted SIGNED 1 · 8 · 8 > BALTO . STATE
MEDICAL 0.5	OR CONTRIBUTING CAUSE OF DE. LIFE ETHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED OR AND WHILE OR ON WHILE ALL WORK 220. I certify that 12 this hasp sow the deceased alive on above, (1) (Ne) (did) Taid ag 278. SIGNATURE 22d. PHYSICIAN'S NAME TYPE C. BURIAL, CREMATION, REMOVAL	ATH HOUR A.M P.M P.M P.M P.M P.M P.M P.M P.M P.M P	MONTH DAY YEAR 19 DE INJURY EL FACTORY OFFICE HARM, ETC.) deceased from 10 deceased from 10 deceased from 10 23c NAME OF 23c NAME OF	211 LOCATI STREE	ON 19 85 1 Touch apinion do ATTENDING PHYSICIAN SS CREMATORY	CITY OR TO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSI 23d. LOCATION CITY OR TOWN	ote and hou	COUNTY 19 25 Ur and from the county 220 DATE 1 COUNTY COUNTY COUNTY COUNTY	STATE that (we) los couses stated SIGNED 1 · 8 · 8 > BALTO. STATE Md.

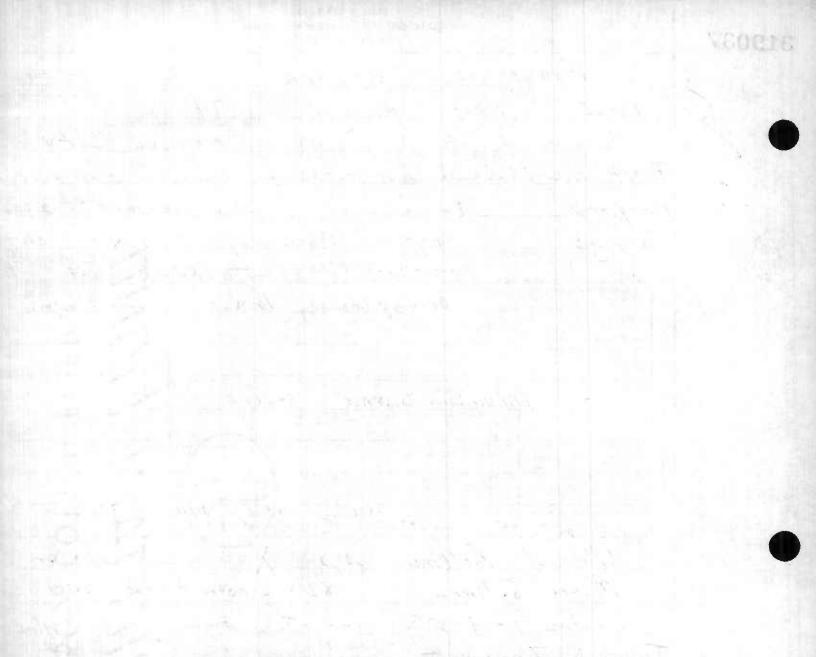
DHMH - 16 60M 7/84 (VRA 15, 4)

DRUG STUDIES

3148	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE S	3 1 NO.	3 2	41
	1. DEC	CEASED NAME FIRST		MIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
ge 3	,,,,,,	CL.	ARA	LEE	KRAI	HENBUHL	Novem		1985	8:00
director, page 3 haurs after death	3. SE)	Female	4 RACE Whi	te	5. DATE O	F BIRTH 4/1904 YEAR	6 AGE (INYEARS LAST	BIRTHDAY) IF L	INDER I YEAR	IF UNDER 24 HRS
10 C (R)		RTHPLACE (STATE OR FOREIGN DUNTRY) TEXAS	76. CITIZEN OF	F WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY BALTI	MORE CI		M
by the fune filed within		or town of DEATH Baltimore	IF NOT IN SU	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET A BAITIC A	DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUP. (TYPE OF WORK FOR MO) Beauti	ATION ST OF WORKING LIFE) CLAN	126. KIND C INDUSTRY Self	-emplo
of exomine, must be in	13a. S	AL RESIDENCE (IF NURSING HOME TATE 136 COL	OR OTHER INSTITUTIO	13c CITY OR TOWN Baltimo	4	13d INSIDE CITY LIMITS?	13. STREET ADDRES		e.,	21225
Exomine		THER'S NAME FIRST R	MIDDLE	Kirkland		IS MOTHER'S MAIDEN NA Lottie	ME		LAS	ST
event, the medicale	16a V	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G		463-12-	11YNO.	17 INFORMANT Dean Ray		Same as	#13	
prior to buriol, cremation, or sony injury, or ather traumatic	CERTIFICATION	PART 2. OTHER SIGNIFICAN	certen.	CONTRIBUTING TO E	250		20e. AUTOPSY?	20b. IF YES, W	VERE FINDI	NGS USED OF DEATH?
and Mental Hygiene prior ked or Item 18 shows any i		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOT IFY MEDICAL EXAMIN	DEATH HOUR	OF INJURY A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	YES NO			NO 🗌
Marked or Item 18	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLAC	E OF INJURY STREET, FACTORY, OFFICE, F	- ''	21f. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
21 is		220.1 certify that (1) Jihis has sow the deceased alim- above, (1) Jiwe) (did) (did 22b. SIGNATURE			-	nd that in (my) our) opinion DEGREE ATTENDING	death accurred on the			
should be detoched with the State Dept. IMPORTANT: If Hem	230	22d. PHYSICIAN'S NAME (TYPE	Thom	Pron M	IAME OF C	220. ADDRESS 3904-5, HO	NOWY Station	st. Batt	bus	5/17.
	2.30 (Removal	11/2	,	chei	City Cem.	Archer	City.	ATOA	CY, STATE X
6 25M	24 F	uneral director	al Hom	Bal to	., M	d. 21225250 DA	TE REC. D' BESSE GOS	25b. REGISTRA	R'S SIGNA	TURE



Told Co. Departure of Told Landers Delive United ngo-co-plot _ as chert .U fewers .u poda-co-requ Table 10, 10, 10 mental full I have been been to be the control of September 19 - June 19 - J



	1-	STATE		AAE	DEPART	MENI OF	HEALIH	AND ME	ENIALH	YGIENE	TU			
38111	100	REGISTRAR	c FIRST	ME	MIDDLE	EXAMIN		EKTIFIC	CATEO		KEC KEC	G. NO.		
- A		CEASED NAM	MAN	MIE	MIDDLE		KUL			2	OF ESTI- DEATH MATER	- 1	0-85 ₉	2b. HOU
NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS N. PRESTON STREET.	3. SE	male	White	5. DATE OF 8 IRTH	YEAR	6. AGE (IN YE LAST BIRTHD.	AY) MONTH		IF UNDER		RONOUNCED DEAD	MONTH 11_2	DAY YEAR 20-8510	6:01
NECESSAR' FUNERAL D F FOR YOU, W. PRESTOI	7a. B	RTHPLACE (SPREIGN COUNTRY)	STATE OR	03-06		NTRY?	8 MARRIE	ED NEV	VER MARRII	ED 🗍	BALTIMORE CI	TY OR COUN		p.01
IS NEC HE FUN S FC HED, WI PI W. P		rginia TY OR TOWN		U.S.			, OR OTHE		DIVORCE	12a USU	Ba.timon AL OCCUPATION OST OF WORKING LIFE	TYPE OF WORK	12b KIND OF B OR INDUS	USINESS
DELAY DELAY	USU		(IF IN NURSING HOM	Key Med	ical	Center	ON)			Hou	usewife	1		
F ANY		МД		INTY		timor	2	YES X	NO 🗌	39	et address 14 Huds	on St	./2122	4
SES 1, A PM AND PVIII	-	ATHER'S NAM FRST AMES		Samuel	С	orbin	1		R'S MAIDE	NAME	MIDDLE Lula	Ba	rklev	
JRS AFTER DE 3. GIVE PAGE WITH FORM T. PAGES I AI DIVISION OF	16a. \	VAS DECEASE ES, NO, OR UNKNI	DEVER IN U.S. A	ARMED FORCES? VE WAR OR DATES)		-01-3		Sanc		orbi	ADD	RESS 2	1222 Briget	Long
		18 CAUSE C	OF DEATH (Enter of	anly ane cause per lin	e for (a), (b), and (c).)		100	-101		disease	<u> </u>	APPROXIMA BETWEEN ONS	TE INTERVAL
DOLID BE EXECUTED WITHIN 24 HON D''PENDING" IN PENCIL IN ITEM IS IEF MEDICAL EXAMINER ALONG SED AS A BURIAL - TRANSIT PERMI F HEALTH AND MENTAL HYGIENE, IAL, CREMATION, OR REMOVAL.	NO	cause (a lying ca				NSEQUENCE (OR CONDITION	N GIVEN IN PAR	RT 1 ras	A			
SHOULD ORD "PEI CHIEF N E USED A T OF HEA	CERTIFICATION	19a. DATE O	FOPERATION	19b COND	ITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				20 AUTOPS	Y?
ALE SOLUTION OF THE CONTROL OF THE C	CAL CERT	UNDERLYING	AL CAUSE WAS GOR ING CAUSE O		M. MONTH	DAY YEAR	21c. HC	W INJURY	OCCURRE	D (ENTER NA	ATURE OF INJURY IN ITE	M 18 PART I OR PA		7,630
SA SA SES	MEDICAL	21d. INJURY WHILE AT WORK	NOT WHILE AT WORK	21e PLACE STREET, FAC	OF INJURY			REET			CITY OR TOWN	co	DUNTY	STATE
TO MEDICAL EXAMINER: 17 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STA		death resul ACTUAL SIGNATURE	Morph	rgarita A.	Accident 4	O, su	Autops	Hamic	stant	Undete	Inquiry, rmined manner [CAL EXAMINER Street	and in my of , DATE SIGNI	pinian ED 11-21-	-85
TO M EXECT PAGE TO FL AFTER BALTIL	23a.B	EXAMINER'S (TYPE OR PR URIAL, CREMA SPECIFY)	TION, REMOVAL			NAME OF CE		ADDRESS_			CATION	cou	INTY	STATE
BP		Buria		11/23/		ak Lav	vn Ce	emete	250. DATE R	REC'D. BY	Balt REGISTRAR 256	imore REGISTRAR'S	SIGNATURE COM	1d.
DHMH - 17 (VR A15 ME (5))	L	illv 8	Zeile	r Inc. 7	nn s	Cont	cline	st	DE	C 2	2 1985	- went	acon-plano	400

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF DEATH M	HINC	DAY YEAR	26 HOUR		
	(TYPE	OR PRINT)	A CIVITY					NOVERMBER	11	.1985	1;20am		
8	3. SE	(AGNES	RACE ,	JZYK	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
		Female		Whit	e	Octo	ber 15 1898	87	YRS	MONTHS DAYS	HOURS MIN.		
1		RTHPLACE (STATE OR	FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR		Y OF DEATH			
1	ì	Austr	ia	USA		WIDOWE		Baltimore	(ity	2	MD.		
0	Be	ty or town of DEA		(hurc	h Hospita	ADDRESS)	dr other institution	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Housewife		IFE) 176. KIND C INDUSTRY	OF BUSINESS OR		
C		AL RESIDENCE (IF NURS TATE L.	136 COUNT		Butinon	/N	138. INSIDE CITY LIMITS? YES NO 🗍	130 STREET, ADDRESS / 2/14 Fleet	IP COD	eet 212	31		
		THER'S NAME	MI	DDIE	_ LAST		15 MOTHER'S MAIDEN NA	ME		14	ST		
	1	Philomen			Zacharko		Maria			Wengrzy	nowicz		
	16a V	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS					
-	1	10	(4 123, 0112	Transition Care Sy	220-34-7	038	Joseph Kuzyk	2114 Fleet	Str	eet			
ı		18 CAUSE OF DEAT	H Enter only	one couse pe	r line for (a), (b), an	d ic				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH		
		PART 1. DEATH W	IMMEDIATE		CARDIO	RESP	IRATORY ARR	EST					
			17474620 17416						1 5				
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1		Conditions, if ony, gove rise to imm											
		couse (a), statir underlying couse											
				(c)_									
	z	PART 2. OTHER SIGN	NIFICANT CC	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	ION GI	VEN IN PART 1	O		
フ	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED			S, WERE FINDIN			
	TFI	1 1 1 1 1 1 1 1		DI	REORATE	n nr	VERTICULITI			ES T	NO [
	W.	210 ACCIDENT WAS UNI	DERLYING	1716. TIME C	OF INJURY		วีเล คอง เพาย์สา อัดดับหา	<u> </u>	NITEM 18	PART : OR PART 2)			
1		OR CONTRIBUTING			.M. MONTH D.		FOR WARRIED						
	MEDICAL	21d INJURY OCCUR			.M. OF INJURY	19	211 LOCATION						
1	ME		HILE		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TOWN		COUNTY	STATE		
ı		AT WORK - AT WO	RK						-1-1				
		220 I certify that (I)	this hospito	ottended t	he deceased Iron			to NOVEMBE	A 20. 30. 5	3 00	that (I) we lost		
1		sow the decease above, (1) we) (ed alive on	NOVEM	BER 119	85 . 0	nd that in (my cour opinion o	death accurred on the date	And hou	ur and Irom the	couses stated		
		276. SIGNATURE	0:0				DEGREE			22c DATE	SIGNED		
		M	No. R.	w			ATTENDING PHYSICIAN	MEDICAL STAFF	пП				
П		27d PHYSICIAN'S NA	AME TYPE OR	PRINT			·	H HOSPITAL					
		N 23-41 (b)						ADWAY BALT		DE MD	21231		
H	22 6	LIBIAL CREATION			Tan .	JAME OF C		1234 LOCATION	I MO	RE, MD.	. 21231		
		SPECIFY)		23b. DATE			EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE		
4		Burie	il.	111-14-	-85 St	. Star	rislaus Cemete		re		Md.		
	24 FL	JNERAL DIRECTOR			ADDRESS		250 DAT	E REC D. BY REGISTRAR 25	a. REGIS	TRAR'S SIGNAT	TURE		
	20	hn M. Nebe	er & So	ons Inc	c. 401 J.	Thesi	ter StreetVIV	17 1005	12.19	CH JANA THE	mela 00		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the retained by the haspital or attending physician.

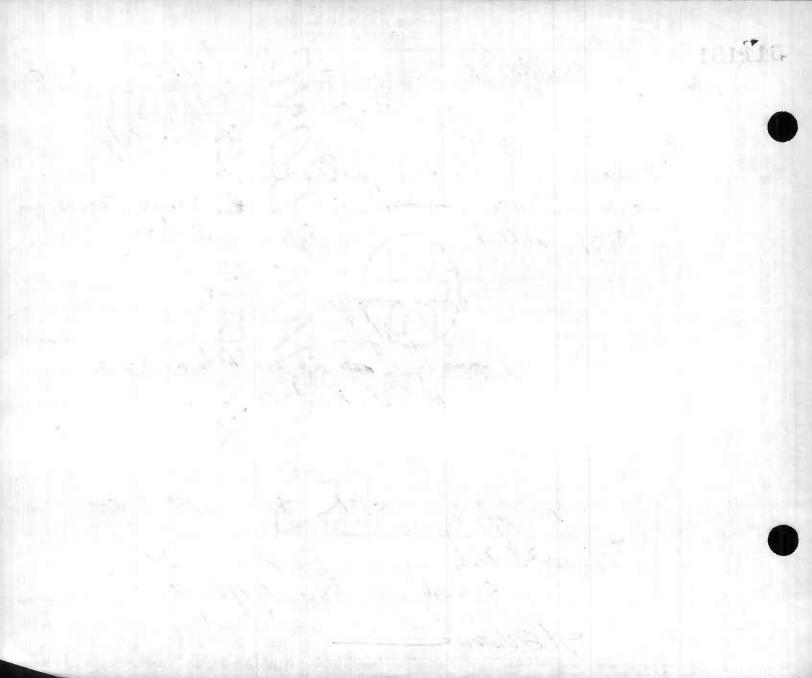
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336	031	1	REGISTRAR CEASED NAME	FIRS	7	ME	DICAL	EXAMIN	IER'S	CERTIF	CATE	OF DEA		REG I				
			E OR PRINT)		ORGE	N	IMN	LABRA	DOD	LAST			OF	ESTI- MATED	MONTH	16 <u>- 8</u> 5	YEAR	2b HOUR
	PLEA ECTO FILE HOULE STREE	Mag	e e	4. RACE	5. DAT	TE OF BIRTH		6 AGE (IN YE	ARS IF UT	DER 1 YR.	IF UNDER	24 HRS	2c. DATE		MONTH	DAY	YEAR	2d HOUF
	ARY, NOUN TON TON	1.0	RTHPLACE (ST	White		n. 11,		63 Y	RS.			// I	DEAD		11-	20-85	59	3:40
	NERA NITHI PRES	FC	pain	ATE OR	78. CI	U.S.		IIKY?	MARR WIDOV	IED N	EVER MARR	IED A		imore			EATH	
	ELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS. SE-201 W. PRESTON STREET.	10. C	Baltimo			AME OF HO	SPITAL, NU	rsing hom Street	E, OR OTH			12a USU	JAL OCCU	PATION (1	TYPE OF WORK	12b KIN	VDM 684 R INDUSTI Un	atime ion
3	AND 3 TO THE FINAND 3 TO THE FINAND BE FILED, OULD BE FILED, RECORDS 201 W		AL RESIDENCE (TATE MD.	IF IN NURSING HO		INSTITUTION, G		OR TOWN Balto		13d. INSIDE	CITY LIMITS?	13e STRI 4]	EET ADDRE	Wolf	e St.	. 21	.231	
113	SOS PROPERTY.		ATHER'S NAME FIRST Juan		WIOOL	I	Labrac			E	er's maid First spera	nza	A	AIDDLE		ontio		
TAN DE	SS ON /	16a. V	VAS DECEASED ES, NO, OR UNKNO	EVER IN U.S.	GIVE WAR OR	DATES)	100	IAL SECURIT			THAMS			ADDRE:				21218
BAL	MIS AN WITH PAGE		Yew	DEATHE	WWI		_	09-690)9	Mrs	. Dal	ia Ma	angan	ello	1515		enda 1	
TS.	0-08W.		PART I DE	DEATH (Ente	USED BY:	Art	e for (o), (b) erios	clerot	ic ca	ardio	vascu '	lar d	iseas	se		BETW	VEEN ONSE	T AND DE ATH
W. PRESTON ST			3.75	IMME				SEQUENCE										
2	MER NER PARTY IN THE PARTY IN T	3	gave ris	s, if any, wi e to immed	liate	(b)								41.7				
. W.	UTED WITHI IN PENCIL I EXAMINER SIAL - TRANS D MENTAL F ON, OR REA		couse (o) lying cau	stating the <u>un</u> se last.	der-	DUE TO, OF	R AS A CON	SEQUENCE	OF									
DS, 2	XECUTED WITHIN JG. IN PENCIL IN JAL EXAMINER A BURIAL-TRANSIT AND MENTAL HY ATION, OR REMC		PART 2 OTHER SIG	MIFICANT CONDIT	IONS CONTRIRL	(c) JTING TO DEATH	RUT NOT RELA	TEO TO THE TERM	AINAL DISEAS	F OR CONDITI	ON GIVEN IN PA	ART 3 in						
S	ENDING MEDICAL AS A BU EALTH AN CREMATI	NO.																
AL RE	ヨピルロエゴー	ICAT	19a. DATE OF	OPERATION		196 CONDI	TION FOR	WHICH OPER	RATION W	AS PERFO	RMED?					20 A	UTOPSY	>
F VIT		T E	21a EXTERNA	L CAUSE WAS	5	21b. TIME O	FINJURY		21c H	OW INJUR	Y OCCURRE	D JENTER N	NATURE OF IN	HIPY IN ITEM	IS PART 1 OR	_	YES 🗌	NOX
DIVISION OF VITAL RECORDS, 201	S CERTIFICATE SI RITING THE WO RDED TO THE C SE 3 SHOULD BE TE DEPARTMENT OI PRIOR TO BU	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION	OR	OF DEATH		A. MONTH	DAY YEA		0 11 11 JON	T OCCORR	D (E.VIEW)	ANDRE OF THE	75KT W 11C/11	TO TAKE TO A	mat zj		
VISIO		EDIC	21d INJURY C	CCURRED		21e PLACE	OF INJURY	(AT HOME,		CATION			CITY OR TO	04/61		OUNTY		STATE
0	TAVAC	2	WHILE AT WORK	NOT WHILE		378667,776		10.7		, nee (CITORIO	WIN		OUNT		JIAIE
	TO MEDICAL EXAMINER: THIS CERT EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHAFTER DEPATH, WITH THE STATE DEPATE AFTER DEPATE MARYLAND, 21201 PRILES		22a. I certif	y that I taak c	harge of the	remoins de	scribed abo	ve, held on	Autop	sy .	Inspectio	In X	Inquiry		ond in my	opinion		
	RYLA RYLA		death resulte	d from:	latural caus	es K.	Accident	L, su	ucide	, Hom		Undete	ermined m	onner].			
	WAY DEGREE		ACTUAL SIGNATURE_	140	1/2 De	5 (A	450	08			specify) sistai	nt wen	ICAL EVAL	LINIED	DAT	E 11	-21-	85
	PEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT S			1005		- United	4.0.0	22.11		<u></u>					SIGI	VED		
	ALTIA ALTIA		(TYPE OR PRIN	(T)				e11,M.		ADDRESS.			Stre	eet				
07.10		23a. B	URIAL, CREMAT SPECIFY) Cremati		-	22,198		NAME OF CE				CITY	CATION	s. Ba	1 to	Co	Md.	TATE
07/84 25M	BP	24. F	UNERAL DIREC		ALOV.	AOORES		CULLL	y 110	CESS	25e. DATE	REC'D. BY	REGISTRA	AR 25b RE	GIŞTRAR'S	SIGNATU	URE	
	(VR A15 ME (5))	Ch	arlton-	Schwei	gerF.			stern A	Ave. 2	1231	NOV	27	1985	Na	Marido	ion-93	molesi	-

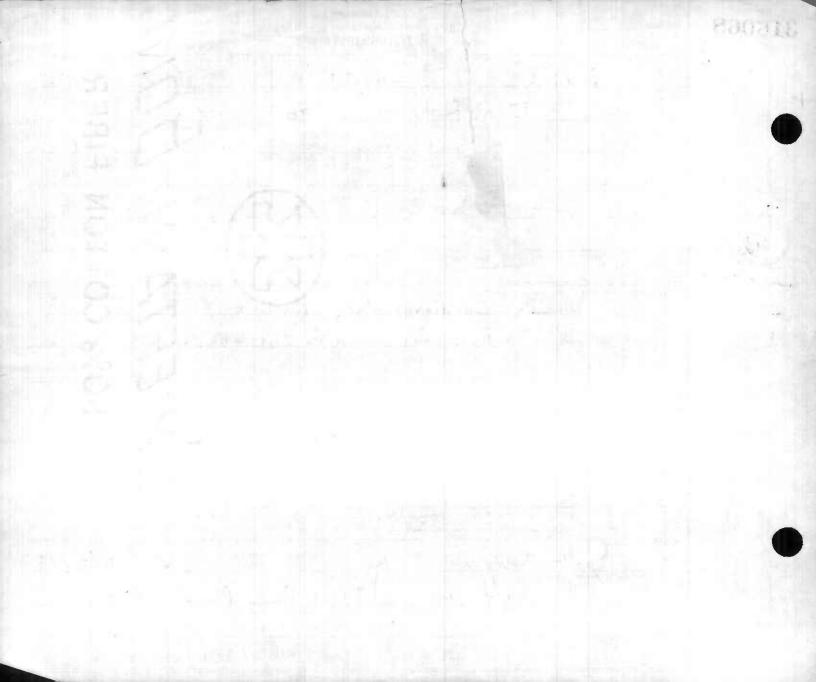
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345001	ı.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	032
	I. DE	CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
2 m 4	{TVPI	OR PRINT)	R .00.1. 1 1/27/05	
40 00	3 SE	Dah	MACE S. DATE OF BIRTH 6. AGE (INVERS LAST BIRTHDAY) IF U	NDER 1 YEAR IF UNDER 24 HRS.
4 84	3 36		MONTH , DAY YEAR MON	THS DAYS HOURS MIN.
90 F 5		male	caucalian 11/18/85 - YRS. [) 9
2 2 BL		RTHPLACE (STATE OF FOREIGN)	S CITIZEN OF WHAT COUNTRY?	DEATH
1 132		GM	USA WIDOWED DNORCED Baltimore	CITY ME
11 30/	10. ⊂	TY OR TOWN OF DEATH		126. KIND OF BUSINESS OR
1 13 16/	1	Baltimore	Francis Scott Vey Med CL	INDUSTRY
1 1 1	JSU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
3 31 366	130	STATE 136 COUN	The state of the s	. 56
1 11/1/	IA E	THER'S NAME	15. MOTHER'S MAIDEN NAME	658
1 19 // //			IDDLE LAST FIRST MIDDLE	LAST
1 10/5/0	_	Michael	Lam Kobin	Lam
2 2 2 2		VÅS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) I HE YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
1		NO	none admission records	
(C)		IR CAUSE OF DEATH (Enter only	y ane cause per line far (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
V 43/1		PART 1. DEATH WAS CAUSED) BY:	DETWEEN ONSET AND DEATH
	17	IMMEDIATE	: CAUSE (0) Cardiop / monary arrest	
40 mg		fraction of the contract of th	DUE TO, OR CONSCOURENCE OF	
to the state of th	100	Conditions, if any, which gave rise to immediate	(16) plans thomax premopericardium	
4 414		cause (a), stoting the	DUE TO, OR AS A CONSEQUENCE OF	- 1
to the state of th		underlying cause last.	10 Domaterity respiratory distres sund	from 9d
a de la company		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(a
The state	Š	1.2208	el premeria	
11117	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, W	ERE FINDINGS USED
1 11 1	王		IN CERTIFY IN	G CAUSES OF DEATH?
F9 478 9	ERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I	J . LJ
34 55 80	1	OR CONTRIBUTING CAUSE OF DEAT		ORPARTZ)
OF PERSON	Š	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21I LOCATION STREET CITY OR TOWN	COUNTY STATE
0 to 3 to 4	~	ORK NOT WHILE		
_ Q		22a I certify that (I (this hospita		85 that I (we) last
# 2 5 5 E	011	saw the deceased alive on_	(C'CO) 127 19 65 and that in (my) (our) pointon death occurred on the date and hour on	d from the causes stated
OR A re hosy DIREC Dept.	-	abave, (((we) (did)) did nat	view the body after death. DEGREE	22c. DATE SIGNED
0 4 0 50 4		/h	ATTENDING MEDICAL STAFF	1/2-105
PITA Dy Dy A		22d. PHYSICIAN'S NAME CTYPE OR	DOYER NELOCIE MYSICIAN DIRECTOR PHYSICIAN D	11151107
HOSPI HOSPI HUNEI Hid be The S		276. PHISICIAN S NAME (TYPE OR	PRINT) Printi	ical Center
O FUN Should be	11	Donnie R	eyer Hudak und Division of Nonablegy-	
5: 4213	23a. E	URIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY, OR CREMATORY 236 LOCATION 3	
BP	-	BURIAL	12-1-85 Subleasville Cem Subleasville	JA NI
	24 FI	JNERAL DIRECTOR	250-DATE REC'D. BY REGISTRAR 256. REGISTRAR	S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	-	allows III a	ADDRESS	widson-Rando 02.
(400, 13, 4)		TIOMS L'U. BI	SX 270 MILLINGTON MD DEO 9 1985 Julia D	



16068	4	FOR STATE		PARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG	SIENE 0 5	
X	1 DE	REGISTRAR CEASED NAME FIRST	WIDDIE		AST PAST	REG. NO. 20 DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
to. poge 3 ofter death	3 SE	Edv	1A V.	L A	IMPKIN	6 AGE (IN YEARS LAST BIRTHDAY)	1985 7:30 PM
oge 4 n		Female	Black	MONTH		87 YRS	DNINS DAYS HOURS MIN.
in 72 ho		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COULD	MARRIE WIDOWE	1/	Baltimore city or county of	1
by the functiled at	Ва	Itimore	MERCY HOSP	E STREET ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE	126 KIND OF BUSINESS OR INDUSTRY Domestic
filled in hould be	13a. 3	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Lryland -	NTY 131 CITY OF	e before admission) r town timore	13d. INSIDE CITY LIMITS? YES [X] NO [130.STREET ADDRESS / ZIP CODE 1213 Light Stree	et 21230
The Room	14. F/	THER'S NAME FIRST	MIDDLE LA	\$1	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST
0 0 E	16a V	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI UNKNOWN	VE WAR OR DATES)	1 SECURITY NO. 30-9258	Wayne Lampk	ADDRESS in 3109 Seguoia Av	venue
rtificate g physicio on papers emoval event, the		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for 101, ED BY. TE CAUSE (o) CAY A	ibvasc	. 9-	lure	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
that the death ce I by the attending cose remove carb ol, cremation, or r		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON (b) Meta DUE TO, OR AS A CON (c)	static	Cancer i	n the Liver	
requires	TION					NINAL DISEASE OR CONDITION GIVEN	
cion.	CERTIFICATION	10/22/85	Hyperp	avathy	roidism	YES NO YES	
SICIAN: ng physicertificat certificat riol-fron ental Hy Item 18:	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTI	H DAY YEAR	21¢. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	I I OR PART 2)
offending offending the this hond M orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
spitol or CTOR: A I for use of Health		220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we did and no	. 1 -	and have	d that in (my) (our) opinion (death occurred on the date and hour of	ond from the couses stoted
by the ho by the ho ERAL DIRE e detoched Stote Dept		226. SIGNATU	Canons		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/3/85
etoined by the TO FUNERAL should be der with the Store		22d. PHYSICIAN NAME (TYPE C	Carly	O	301 St Cu	I flave zer	or
BP		BURIAL CREMATION, REMOVAL	236 DATE 11/8/85		EMETERY OR CREMATORY LUBURN Cem.	Baltimore,	COUNTY STATE Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	Z4 F	arch Funeral Ho	omes 1101 East	RESS T North A	venue 250. DAT	E REC'D. BY REGISTRAR 256. REGISTRA 7 0 7 1985	AR'S SIGNATURE



	9	FOR		DEPARTMENT OF	HEALTI	I AND MENTAL H	YGIENE 3		9 0	w
OWO	-	STATE REGISTRAR	MI	EDICAL EXAMI	NER'S	CERTIFICATE O	F DEATH REG. NO			
079	T. DE	CEASED NAME FIRST		MIDDLE		LAST	20. DATE KNOWN		DAY YEAR	26 HOUR
E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I'M. PRESTON STATE	(TYP	e or print) IRIS		۸	T 7/3	TATTAAT	OF ESTI-	11 2	29 19 85	
5	T SEX		5. DATE OF BIRTH	1 6. AGE (IN)		NAHAN DER 1 YR. TIF UNDER			DAY YEAR	24. HOUR
SH			MONTH DAY	YEAR LAST BIRTH	DAY) MONT		MIN PRONOUNCED DEAD	10 1	0.5	12:5
0		RTHPLACE (STATE OR	11/10/0	OO 85 YHAT COUNTRY?	YRS.		9 BALTIMORE CITY O	12 1	1985	1 - DW
31	FO FO	REIGN COUNTRY)				IED NEVER MARRI	ED T BALTIMORE CITY O	COUNTY	OFDEATH	
25		MD		JSA		VED DIVORCE	- DOT LINOTE	City		MD.
10	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH I	SPITAL, NURSING HOA	AE, OR OTH	HER INSTITUTION	120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OF WORK 12h	OR INDUST	JSINESS RY
0	I	Baltimore	823 E.	34th St.			Homemaker		Own	Home
55	USU/ 13a S	L RESIDENCE (IF IN NURSING HO) TATE 136. CO		GIVE RESIDENCE BEFORE ADMIS	SION)	had more city timizes	13e STREET ADDRESS			
0	130 3	MD	UNIT	Balto.		YES NO	823 E. 34th S	St	21218	3
-	14 F/	ATHER'S NAME	A CONTRACTOR OF THE CONTRACTOR	I Dallo.		15. MOTHER'S MAIDE	A	50.9	21210	
0		FIRST	MIDDLE	LAST		Alice		Condo	LAST	
		Joseph VAS DECEASED EVER IN U.S.		Info. SOCIAL SECURI	ITY NO		515 Midi Aven	Gordo	21234	
/	(Y	ES, NO, OR UNKNOWN] (IF YES, G	IVE WAR OR DATES]							
		No I		213 74 90	396_	IMrs. Ma	rianne A. Kra	m,	Balto.	
		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one cause per lin	ne far (a), (b), and (c).)					APPROXIMAT BETWEEN ONSE	E INTERVAL
į.		IMMED	NATE CAUSE (a) Ar	teriosclero	otic c	cardiovascu	lar disease		10	
20		200	DUE TO, O	R AS A CONSEQUENCE	OF			70-1		
PEN T		Canditions, if any, wh gave rise to immedia						77.0		
28	-	couse (o) stoting the und		R AS A CONSEQUENCE	OF			1/11/1		
Z		tying couse lost.	(0)					Ach)		
		PART 2 OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO OFAT	H BUT NOT RELATED TO THE TEL	PMINAL DISEAS	E OF CONDITION CIVEN IN PAI	T1 10			
	Z				THE STREET	A CONDITION ON EN IN THE	AT T W			
_	ST.	19a DATE OF OPERATION	TION CONF	DITION FOR WHICH OPE	PATION	AS DEDECTIONED?			20 AUTOPSY	2
23	2	The Division of Elization	IN. CONE	MIONTON WHICH OF	. NATION V	AS FERT ORMED:				
-	Ē	AL CHEERLING CALLER WAS							YES 🗌	NO X
3	C	210. EXTERNAL CAUSE WAS		M. MONTH DAY YEA	AR ZIC. H	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)	
3	MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE C	OF DEATH P.	M. 19						
	ED	214. INJURY OCCURRED		OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNT		STATE
	E	WHILE AT WORK	□ STREET, FA	CONT. PARM, ETC.)		JIREET	CITORIOWN	COUNT		STATE
							v n			
		22a. I certify that I took ch	F==0					d in my opinie	an	
, MARYLAND,		death resulted from: No	atural causes X,	Accident, S	uicide	, Homicide .	Undetermined manner,			
1		A A	1.0	2		TITLE (SPECIFY)				
,		ACTUAL SIGNATURE	M	NI	^	A.D. Assistant	L MEDICAL EXAMINER	SIGNED.	12-2-8	35
DALIMORE, M		/^	0-	/						
4	-	(TYPE OR PRINT) An	n M. Dixon	, M.D.		ADDRESS 111 Pe	enn St., Balto.	, MD	21201	
	23a.B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY C		23d LOCATION CITY OR FOWN			
	(:	Burial	12/4/85				Baltimore.	COUNTY	MD	TATE
	24. F	UNERAL DIRECTOR	14/	1	- 0	25a. DATE R	REC'D. BY REGISTRAR 256 REGIS			
(5))	000	NAME HEAT	y W. Jen	Klas & Sor	ns Ca 212	D. DE	0 3 1985	a defidence	44.0	A Company
(2))	190	5 York Road	Balto.,	1/10 21	212		0 1000	100	- 6	

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215 74 (SEA Meriana Mariana m. Lour, Enthol, MC

Serry W. on the 8 some Do.

rector, page 3 urs after death

- STATE REGISTRAR

224. PHYSICIAN SMAME

Dr. Zumiga

Burial

226 SIGNATURE

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3 SEX

STATE OF MARYLAND

- STATE REGISTRAR			DEPARI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N			
ECEASED NAME	FIRST	A	AIDDLE	L	AST		MONTH DAY	YEAR	26. HOUR
CONTRIBUTY	FLOREN	CE ·	E	LAN	IG		11 12	85	11:15A M
EX		RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNIDER 24 HRS
Fema 1	_	Whi	te	1 2		78	YRS MO	NTHS DATS	HOURS MIN.
BIRTHPLACE (STATE			WHAT COUNTRY?	8		9. BALTIMORE CITY O		FDEATH	
Maryland		U.S.	7\	WIDOWE	DIVORCED D	Baltimor	o City		MD.
THAL Y TAILU					R OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR
)-1+i	4		H FACILITY, GIVE STREET		Ilomo	(TYPE OF WORK FOR MOST O			~ Factor
Baltimore	NURSING HOME OF		Manor N		Home	Seamstress	5	Sewin	g Factor
STATE Maryland	13P CON		Baltimo	VN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 68 Oaklee		e 212	29
ATHER'S NAME			Dai cino.		15 MOTHER'S MAIDEN NA		VIIIUG	C 212	
Andrew		NIOOLE	LAST	ماء	FIRST	MIDDLE		Mon	ers
WAS DECEASED EV		AED EORCES?	Hoofn		Anna 17 INFORMANT	ADDRE	SS	Met	ers
YES NO OR UNKNOWN		WAR OR OATES)	100 SOCIAL SEC	OKILI NO.	11 MAI OKIMANA				
1	(IF 163, GIVE	WAR OR OATES	010 10			3 4406 -			01001
NO			212-10-		Kenneth Howa	ard 1406 Ar	glesea		21224
NO	EATH (Enter only	y one cause per	212-10- line for (a), 1b), or		Vasculo	v o cero	let	APPROXI	21224 MATE INTERVAL DNSET AND DEATH
NO 18 CAUSE OF DE PART I. DEATI Conditions, if of	EATH (Enter only H WAS CAUSED IMMEDIATE	y one cause per) BY: E CAUSE (a)		ebs 2	Vasculo		let	APPROXI	MATE INTERVAL
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Canditions, if a gave rise to cause (a), st underlying co	EATH Enter only H WAS CAUSED IMMEDIATE any, which immediate lating the puse lost. ENGINE CANT CO	y one cause per BY: E CAUSE (a) DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CC	R AS A CONSEQUENCE AS A	BENCE OF DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON 200 AUTOPSÝ? YES NO	DITION GIVEN 20b. IF YES, V IN CERTIFY II YES	APPROXI BETWEEN (IN PART 110 WERE FINDING CAUSES	MATE INTERVAL INSET AND DEATH
Canditions, if of gave rise to cause (a), st underlying co	EATH Enter only H WAS CAUSED IMMEDIATE any, which immediate foring the buse lost. SIGNIFICANT CO	y one cause per BY: E CAUSE (a) DUE TO, OI (b) ONDITIONS CC	R AS A CONSEQUENCE AS A	JENCE OF DEATH BUT	o Vasculo citent he	AINAL DISEASE OR CON 200 AUTOPSÝ? YES NO	DITION GIVEN 20b. IF YES, V IN CERTIFY II YES	APPROXI BETWEEN (IN PART 110 WERE FINDING CAUSES	MATE INTERVAL PASET AND DEATH OF STREET OF DEATH OF DEATH?
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PART 2. OTHER S 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY 21d. INJURY OCC	EATH Enter only H WAS CAUSED IMMEDIATE Only, which immediate ating the ause lost. SIGNIFICANT CO ERATION CAUSE OF DEAL MEDICAL EXAMINER]	y one cause per BY: E CAUSE (o) DUE TO, OI (c) ONDITIONS CC 196 CONDI 116 TIME O HOUR A P. 216 PLACE	Ine for (a), Ib), or R AS A CONSEQUE R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D M.	JENCE OF JENCE OF DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON 200 AUTOPSÝ? YES NO	DITION GIVEN 20b. IF YES, V IN CERTIFY II YES RY IN ITEM 18 PART	APPROXI BETWEEN (IN PART 110 WERE FINDING CAUSES	MATE INTERVAL PASET AND DEATH OF SECTION OF DEATH?

ould be detached if the State Dept.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 73k DATE (SPECIFY)

sow the deceased alive on abave, (I) (we'

23c. NAME OF CEMETERY OR CREMATORY

Loudon park Cemetery

DEGREE

22e ADDRESS

ATTENDING

23d LOCATION CITY OR TOWN

MEDICAL

9380 Baltimore National Pike

PHYSICIAN DIRECTOR PHYSICIAN

COUNTY 250. DA EN CO BOREGU DOR 256. REGISTRAR'S'SIGNATURE

~ . wor- pande or

220 DATE SIGNED

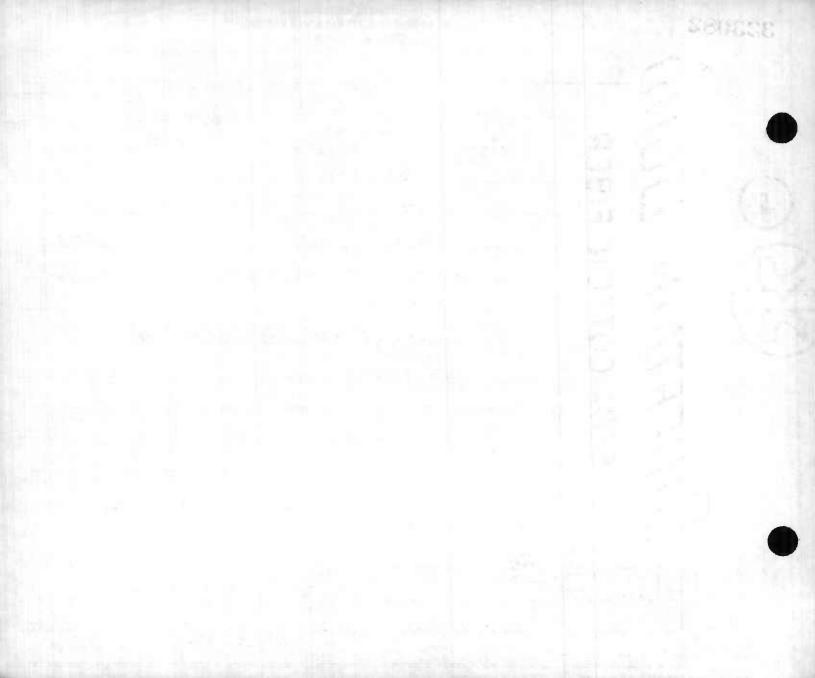
24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STAFF

Maryland

11/12/85



PRESTON ST.,

DIVISION OF VITAL RECORDS, 201 W.

1 - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

R	E	G.	N	C

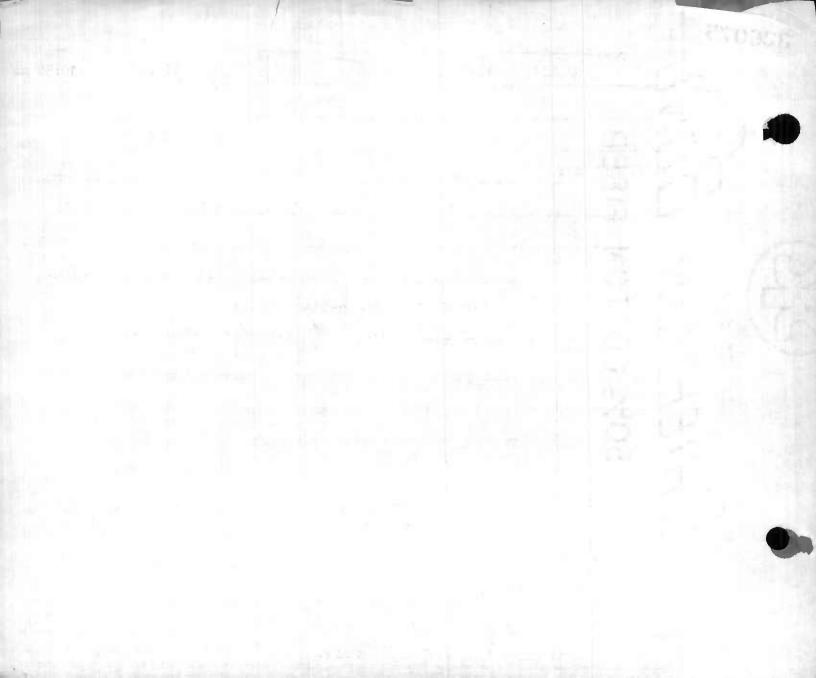
	NEO I I I I I I					REG. 140	2.			
	CEASED NAME FIRST	MIDE		LANG		20. DATE OF DEATH		DAY YEAR	26 HOL	
1	NELLI!	2 ATU	RGINIA	LANG			11/19	/85	-	50 _A
3. SE		1. RACE		MONTH	TH YEAR	6 AGE (IN YEARS LAST BIRT		MONTHS DAYS	HOURS	R 24 HRS
13	Female	Whi	te	8	5 07	78	YRS		1	
	IRTHPLACE (STATE OR FOREIGN	b CITIZEN OF WH	AT COUNTRY? 8	400 ED [NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH		
1	arvland	U.S.A.		DOWED X	DIVORCED	BALTIMORE	CITY			MD.
10 C	ITY OR TOWN OF DEATH		SPITAL, NURSING H		HER INSTITUTION	120 USUAL OCCUPATION		126 KIND		ESS OR
) B	ALTIMORE CITY		nes Hospi			Homemaker	F WORKING LIF	PET INDUSTRI		_
	IAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIV	E RESIDENCE BEFORE ADMI	ISSION)			710 6001			
1	STATE 13b COUN		Baltimore		INSIDE CITY LIMITS?	13e STREET ADDRESS /			21230	
	aryland -		partilipre		NOTHER'S MAIDEN NAM		LS_AVE	enue 2	1230	
	FIRST	AIDDLE	LAST		FIRST	WIDDLE		LA	ST	
16. 3	Jessie was deceased ever in u.s. ara	A.	Clayto		Anna NFORMANT	F.	SS	04.50/		pold
		WAR OR DATES	SOCIAL SECURITY					21230		
	NO		220-14-25	29 Ma	rgaret E. I	Herlth 2449	Wash:		Blvd XIMATE INTE	
7	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT C		S A CONSEQUENCE	ferio ar	YO CA	INAL DISEASE OR CON	DITION GIV	VEN IN PART 1	10	
CERTIFICATION	. 19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPE	ration w	AS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FIND FYING CAUSE		TH?
MEDICAL CERT	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			YEAR		RED (ENTER NATURE OF INJUI	₹Y IN 1TEM 18 F	PART I OR PART 2)		
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE, FARM, E		LOCATION	CITY OR TO	WN	COUNTY		STATE
	220.1 certify that (this hospit sow the deceased alive an above, (I) (we) (did) (did nat	11/19	1985	, one the	ot in (my) (our) opinion o	to to death accurred on the de	ote and hou	19 8.5 ur and from th	those couses st	
	27b. SIGNATURE			DEGR	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		22c. DAT	19/8	5.
	ARIL P.	MAM	- Visidani	27e	ADDRESS	St. Agnes	Hospi	tal		
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 11/22/8			ery or crematory ark Cemeter	y Baltimor	е	COUNTY	Mary	Tänd
24. F	uneral director Subbard Funeral	Home, Inc	. 4107 Wi	21229 lkens	Ave.	E RECTO BY REGISTRAR		TRAR'S SIGNA	TURE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR of should be detached for use with the State Dept. of Heo IMPORTANT: If them 21 is m

the buriol-tronsit permit. Then p and Mental Hygiene prior to bur



	1	500	p.co.a.p.	STATE OF MARYLAND	CIENT 8 5	5 0 0 0
2	1.	FOR STATE	DEPAK	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		
311063	-	REGISTRAR CEASED NAME .FIRST	MIDDLE	TAST TO STATE OF STAT	REG. NO.	DAY YEAR 26 HOUR
e ω Έ			INTHIA JULI	A LANKFORD		2. 1985 7:07 M
deoi deoi	3. SE		A RACE	5. DATE OF BIRTH	NOV.	IF UNDER 1 YEAR IF UNDER 24 HRS
tor offer of	J. JL	Female	Negro	Dec. 31, 1931	53 YRS.	MONTHS DAYS HOURS MIN.
direc direc	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	/2 8 V	9. BALTIMORE CITY OR COUNT	Y OF DEATH
oth.	1	Maryland	U,S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Datomore	City,
by the further de within		Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 2707 Parkey)	ave boo	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Clerk	126 KIND OF BUSINESS OR INDUSTRY U.S. GOVT
filled in the could be found be for the could be for the	USU 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b, COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORM UNITY 130. CITY OR TO BALTI	more YES X NO	13e.STREET ADDRESS / ZIP COE 2707 Parkwoo	
thin thin	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME MIDDLE	LAST
o mb		Leroy	Armst:		te ADDRESS	Chesley
A Control of the cont			GIVE WAR OR DATES)	ALTERNATION OF THE PROPERTY OF		
S. Po		No	p19-28.		Lankford/270	Parkwood Ave
that the death certifice by the attending phy, lease remove carbon paid, iol, cremation, or remova		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECTION OF THE CAUSE (c)	DUENCE OF Adenocare	inoma, color	7
low requires s been signed emit. Then pl e prior to burn s ony injury, g	CERTIFICATION	PART 2 OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED LIFYING CAUSES OF DEATH?
The reion.	4 2	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1717 HOW IN JURY OCCU	YES NO NO NOTE NOT IN THE A TEMPORAL TEMPORAT TE	YES NO
IAN: Ti physicii fificote f-tronsii ol Hygi n 18 sh		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR		
NG PHYSICIA offending pl iffer this certifi os the buriol-th th and Mental orked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
O P P P			spital) attended the deceased from	n 1/8/ 19	1, 10 11 /2	, 19, that (we lost
Pitol for up of He		sow the deceased alive	on 1/2 19	, and that in m (our) opinio	n deoth occurred on the dote and h	our and from the couses stated
the hosp the hosp AL DiREC tetoched to the Dept. of T: if Item		226. SIGNATURE	u Grun		MEDICAL STAFF DIRECTOR PHYSICIAN	11/4/85
O HOSPITAL etoined by the TO FUNERAL should be det with the Store MPORTANT:		Davell .	M. Gray	and influence in the last of t	unah Ave. ba	160 all. 2121
of of spirits of the	23a.	BURIAL, CREMATION, REMOV.		NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY
BP	24	Burial UNERAL DIRECTOR	11-6-85 (Md National Mem.		ISTRAR'S SIGNATURE.
DHMH - 16 60M 7/84	M	arshall W.Jone:	s. Jr.F H. 4101		NUV 05 1985	A STATE OF THE PARTY OF THE PAR

A DESCRIPTION OF THE PERSON OF The second of th The state of the s Burlel 11 5 g No Enclosed Non. Fk. Laurel, Howard Co., Nd. Maragell W.Jones, Jr. P. R. Piol Edgandson Ave.



316070	1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.					
33 at 51 20 5		CEASED NAME FIRST E OR PRINT)	ra Lee	Lawson	20 DATE KNOWN MONTH OF ESTI- DEATH MATED []	
S NECESSARY, PEASE FUNERAL DIRECTOR. E & FOR YOUR FILES. D, WITHIN 72 HOUS W PRESTON STREET	3. SE		5. DATE OF BIRTH 6 AGI	E (IN YEARS IF UNDER 1 YR. IF UNBIRTHDAY) MONTHS DAYS HOURS	IDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2d HOUR
NECESSARY UNERAL DII NESTON	FC	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER M.	9 BALTIMORE CITY OR COUR	NTY OF DEATH
SOT WE FOUND THE FULL SOT WE SET WE SOT WE SET WE SOT WE W	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI 2734 Guilford A	HOME, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	12b KIND OF BUSINESS OR INDUSTRY
ANN DE CONTRACTOR DE CONTRACTO	USU/ 13a. S		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	NDMISSION) WN 13d. INSIDE CITY LIMIT	13e. STREET ADDRESS	Domestic21218
	14. F.	THER'S NAME FIRST	MIDDLE LAST DIXO	15. MOTHER'S M. FIRST	AIDEN NAME	ixon
AFTIRE D NVE PAG NVE PAG NVGEST SION O	16a \	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS LONGNA GEORGE 27.34 GL	
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUSE RITHING THE WORD "PENDING" IN PENCIL IN TIRM 18 RITHING THE WORD "PENDING" IN PENCIL IN TIRM 18 RED TO THE CHIEF MEDICAL EXAMINER ALONG RE3 SHOULD BE USED AS A BURIAL. "RANSIT PENCIL EDPARTMENT OF HEALTH AND MENTAL HYGENE OF PRICE TO BURIAL, CREMATION, OR REMOVAL	CERTIFICATION	PARTI DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (D) stating the <u>under-</u> lying couse lost.		erotic Hypertens. NCE OF	ive cardiovascular di	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SEASE
		19a. DATE OF OPERATION		OPERATION WAS PERFORMED?		20 AUTOPSY? YES NO 🔀
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DI TO MEDICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WRIPPICE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		22a. I certify that I took charge	of the remains described above, held	d on Autopsy Inspe Suicide, Homicide TITLE (SPECIFY MASSISTAN		11/1/05
O MEDIC XECUTE T AGE 4 SI O FUNER PETER DEA	-		R. Kauffman,M.D.		Penn St. Balto	, Md.
07/84 BP	B	JRIAL, CREMATION, REMOVAL 23 URIAL JNERAL DIRECTOR		TVIFW MEMORIAL	PK BALTIMORE ATEREC'D. BY REGISTRAR 1236. REGISTRAR'S	MARYLAND SIGNATURE
DHMH - 17 (VR A15 ME (5))		C. MARCH F/H CO.	ADDRESS 1101 F. NORTH	ſ	VOV 0 7 1985	



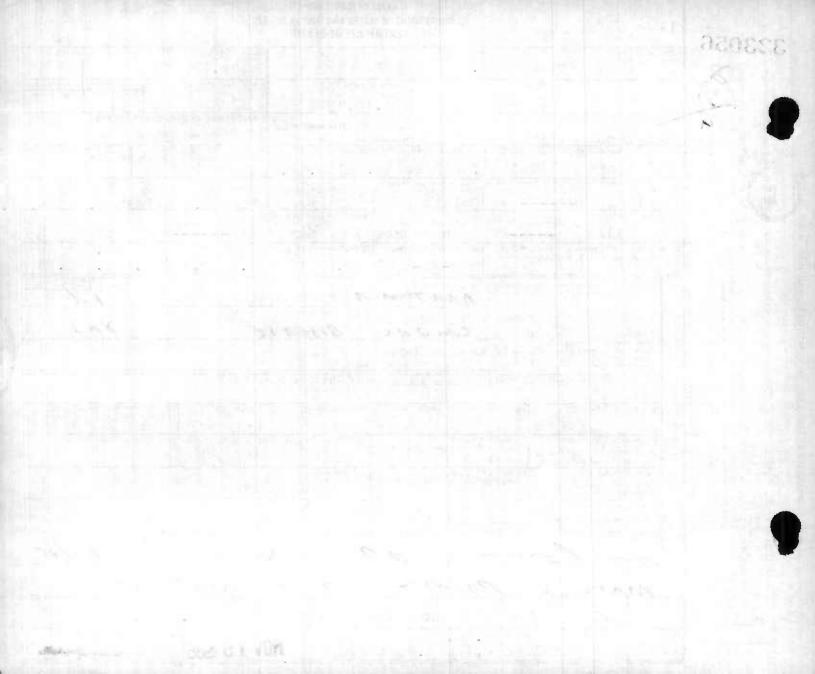
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www.Y		E OR PRINT)	John	W.o.		-			OF ESTI- DEATH MATED				
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ANY DEL ANY DEL AND 3 TO RETAIN P HOULD BE PECORDS	13a S	L RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTION, GE	PE RESIDENCE BEFORE ADMIS		13d. INSIDE CITY L		ET ADDRESS		21223		
RE, MD.	14. FATHER'S NAME FIRST Charles			MIDDLE	Layton	Sr.	FIRST	MAIDEN NAME	WIDDIE	Da	iAST AVIS		
IRS AFTER DEATH IF ANY WITH FOR PM BY THE PECT I, AND WITH FORM PM BRITH FOR PM BY SHOULD DIVISION DE WITH FEROMAL SHOULD DIVISION DE WITH FEROMAL SHOULD BY	16a. V		EVER IN U.S. AR		16b. SOCIAL SECUR 214-03-	TY NO.	17. INFORMAL	NT	lon Woodb	Jennii ine, N	ags Ch	apel	
		18 CAUSE OF PART I DE	ATH WAS CAUSE		for (o), (b), and (c).)	rotic					APPROXIMATE BETWEEN ONSET	INTERVAL	
TON ST 24 HO LITEM I LICONG LICONG LICONG LICONG CGIENE		-7	IMMEDIA	IL CHOOL (O)	AS A CONSEQUENCE		Caruic	vasculai	Disease		Taul'		
W. PRESTON WITHIN 24 I ENCIL IN ITE MINER ALCh TRANSIT PER INTAL HYGIE			s, if any, which										
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, REDED TO THE CHIEF MEDICAL EXAMINER ALLONG W R. 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DOI PRIOR TO BURIAL, CREMATION, OR REMOVAL.			stating the under-	-	AS A CONSEQUENCE	OF					VIII.		
XECL VG. AND AND VATIO		PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)											
RECORDS, D BE EXECTED BY REDING: AREDICAL AS A BUI CREMATI	NO	Car	Carcinoma of Lung										
MTAL RESHOULD DRD "PEI CHIEF AN EUSED AURIL, CURIEL, CURIAL, C	CERTIFICATION	190. DATE OF								20 AUTOPSY?			
VITAL I SHOUL ORD "F ORD "F SE USE SURIAL!	E										YES 🗌	NO [X]	
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TAAAET	MEDICAL	WHILE AT WORK	CCURRED NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR TOWN	COUNTY		STATE	
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		22a. I certif deoth resulte ACTUAL SIGNATURE		ge of the remains des	critical above, held on	Autop ruicide	, Homicide		ermined manner	ond in my opinio	11/20	/85	
MEDIC CUTE T FUNE TIMOR	rept.	EXAMINER'S I	NAME	egory R k	Kauffman, M	I.D.	ADDRESS	111 Pei	nn St.				
	23a. B		ION, REMOVAL		23c. NAME OF C	EMETERY C	R CREMATORY	y 123d LC	CATION DRIOWN Odbine H	COUNTY	Md.	ATE	
07/84 BP	24 FI	INFRAL DIREC	TOR				125a		REGISTRAR 25b. REG				
DHMH - 17 (VR A15 ME (5))	0	lin L.	Molesv	worth P.	A., Damas	us, M	id.	CS VUV	1985	war a della - k	an history	1	

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6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1. DE	CEASED NAME FIRST OR PRINT) FRIEDA	4	LAZ	ins	AST	2a DATE OF DEATH	MONTH DA		26. HOUR 2 /2 M
ge 4 moy be ector. poge 3 rs ofter deoth	3. SE		4. RACE	ITE	S. DATE C		6. AGE (IN YEARS LAST BII		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
neral dire	Pa. B	RTHPLACE (STATE OR FOREIGN COUNTRY) USA (Mayland	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY		MD
by the fu		Baltmure	(IF NOT IN SU	SINA I	HOS-0	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIF)	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR HOME
AND 212	USU 13a.	AL RESIDENCE (IF NURSING HOME COL STATE 13b. COL	OR OTHER INSTITUTION	136. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES XXX NO []	13. STREET ADDRESS	KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	APT.	D X 2121
MARYL exomine	14. F	ATHER'S NAME FIRST HYMAN	WIDDLE	LIPMAN		15. MOTHER'S MAIDEN NA FIRST SARAH	MIDDLE		GRA	DMAN
on ond Poges		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	217 1	8 8/09	17. INFORMANT B: 3324 CLARK	ERNARD LAZT S LA. BAL	FS AF	T. D 2121	. 5 MATE INTERVAL DISSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed. This 2 frours retending physician. After this certificate has been signed by the attending physician and contribined in by as the burial-transit permit. Then please remove carbanoppers. Pages and mount is file than and Mental Hygiene prior to burial, cremation, or removal. On them 18 shows any injury, or other traumatic event, the medical exeminer must be an orked or term 18 shows any injury, or other traumatic event, the medical exeminer must be an orked or term 18 shows any injury, or other traumatic event, the medical exeminer must be an orked or term 18 shows any injury, or other traumatic event, the medical exeminer must be an orked or term 18 shows any injury, or other traumatic event, the medical exeminer must be an orked or term to the medical exeminer must be an orked or term to the medical exeminer must be an orked or term to the medical exeminer must be an orked or term to the medical exeminer must be an orked or term to the medical exeminer must be an orked or term to the medical exeminer must be an orked or term to the medical exeminer must be an orked or term to the medical exeminer must be a controlled to the medical exeminer must be an orked or term to the medical exeminer must be a controlled to the medical exeminer must be a controlled to the medical exemption or the medical exemption o	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, C		C I	LF	MINAL DISEASE OR CON	DITION GIVE	N IN PART 110	3
it RECORD on low req on hos been it permit. The ene prior it	CERTIFICATION	HTN 19a DATE OF OPERATION	196 CONE		OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	IGS USED OF DEATH?
PHYSICIAN: The ending physician this certificate has burial-transit plad Mental Hygical dor tem 18 sha	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY I.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAI	RT 1 OR PART ?)	
NG PHYSIC ottending fire this cer as the burion in and Ment	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OF TO	own	COUNTY	STATE
LOR ATTEND the hospital of the hospital of the hospital of the process of the population of them 21 is many the hospital of them 21 is many th		270.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did in 27b. SIGNATURE T24. PHYSICIAN'S NAME (198	nat) view the bod	11 19		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STA	FF CIAN	and from the	
TO HOSPITA etained by TO FUNERA should be diwith the Storick with the Storick WITH TO STORICK WITH THE STORI		M. KATE				Sina	, Hospital			
BP		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	NOV.1	2,1985 CI	HIZUK	AMUNO (ARLIN		IMORE		RYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR SOL		N & BROS. RALTO.			TE REC'D. BY REGISTRAF	25b. REGISTR	AR'S SIGNAT	ureall



056	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND PARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. NO.
COO		CEASED NAME FIRST Bert	MIDDLE TT	T o o co	20. DATE OF DEATH MONTH DAY YEAR 25 HOUR
X		Bert		Lear	Nov.12, 1985
20	1 SEX	Female	White	5. DATE OF BIRTH MONTH DAY 1902	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS M
25	100	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIE	
100	10 CT	altimore	(IF NOT IN SUCH FACILITY, GIV	nursing home or other institution restreet address) rles St.Balto.M	TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY
Sould be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE JNTY 13c. CITY O	CE BEFORE ADMISSION)	NITS? 13e.STREET ADDRESS / ZIP CODE 212
200	14. FA	THER'S NAME Allen -	MIDDLE SC	is mother's maid haeffer Ma	EN NAME Y Poe
Poges		AS DECEASED EVER IN U.S. A	INC WAR OR DATEST	LI SECURITY NO. 17 INFORMANT 22-5049 Mr. Char	ADDRESS Md. Ples F.Lear, 109 W.1st.Ave.Fe
ernit. Then please re prior to buriol, or s any injury, or othe	CERTIFICATION	cause (0), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION			TE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
your -	ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY C	YES NO YES NO DCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
10 10	100	OR CONTRIBUTING CAUSE OF D		TH DAY YEAR	
s the built	MEDICAL	21d. INJURY OCCURRED NOT WHITE AT WORK	21e PLACE OF INJURY	211-LOCATION	CITY OR TOWN COUNTY STATE
of Healt of Healt of 21 is mo				. 19 and that in (my) (aur) a	, to, 19, that (1) (we) spinion death occurred on the date and hour and from the causes stated
detucher rate Dept 4T. If her		22b. SIGNATURE	1	DEGREE ATTEND PHYSIC	DING MEDICAL STAFF IAN DIRECTOR PHYSICIAN 11/1/2/
hould be of the State St		MAN C		VIN 107	E WYST ST
213		URIAL, CREMATION, REMOVA SPECIFYI BUZIAL	11/15/85	101y Cross Ceme	
6 60M 7/84	100	NERAL DIRECTOR	Balto.Md.	TORE LC JU	50 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



26106	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH REG. NO.								
poge 3		CEASED NAME FIRST A LEASE	MIDDLE	LEE	26. DATE OF DEATH	11 16 \$5 3 PM					
ctor, po	3. SE	F	RACE B	5. DATE OF BIRTH	6 AGE LIN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.					
100 BE		MD MD	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY C	OR COUNTY OF DEATH					
38	1	BALTIMORE	III. NAME OF HOSPITAL, NURSIN	ADDRESS!	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Domestic						
(1)	13a S	MO 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 136. CITY OR TOWN	NOCE 136. INSIDE CITY LIMITS?	13e STREET ADDRESS	FRANKUN 21201					
du S		R04	AIDDLE LASI E	15 MOTHER'S MAIDEN NA	MIDDLE	FELTON					
s. Poge 1		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUL WAR OR DATES) 215-14-		arns, SSJ.						
gned by the ottending physic in please remained carbon paps burial, cremation, ar remaval ry, or other traumatic event, t		Conditions, if ony, which gove rise to immediate couse to stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ARREST WARY EDEMA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
hos been si permit. The one prior to ws ony inju	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sqrt{N} \) NO \(\sqrt{N} \)					
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e hospital or o DIRECTOR: Afri ched for use os Dept. of Health		22a. I certify that (I) (this hospits sow the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE	11/16 19 \$	DEGREE		ate and hour and from the couses stated					
TO FUNERAL D should be detected with the Stote D		228 PHYSICIAN'S NAME (TYPE OR EDWARD B)	BOLL IAND	ATTENDING PHYSICIAN [27e ADDRESS UNI V OF	MEDICAL STA DIRECTOR PHYSIC Marylon	CIAN (A)					
TO FUNE should be with the S IMPORTA		SURIAL, CREMATION, REMOVAL	23b DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY STATE						

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Bailey-Douglass Funeral Home 1348 N. Calhoun St

New Cathedral Cemeter Baltimore Maryland

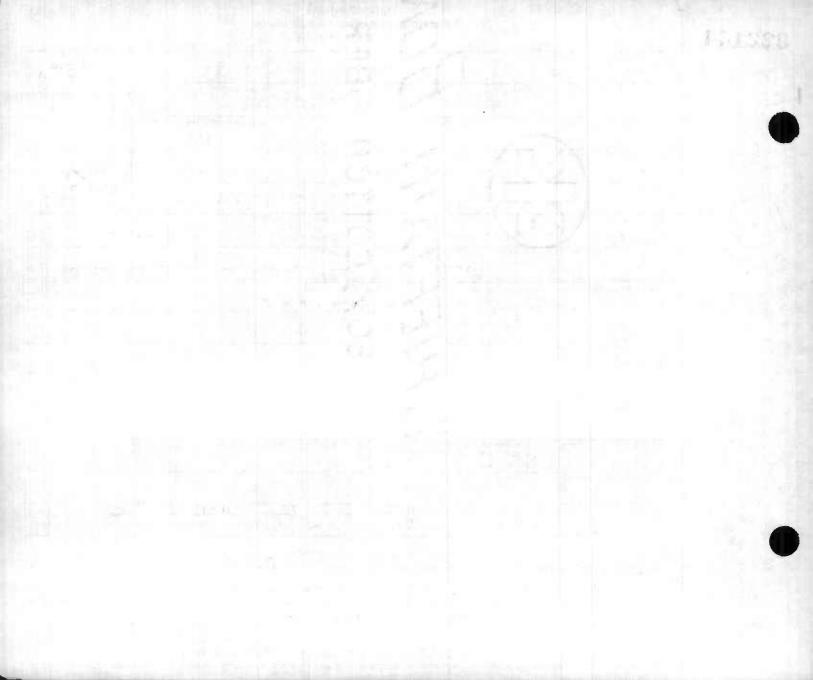
150 DATE REC'D. BY REGISTRAR 350 REGISTRAR'S SIGNATURE.

1348 N. Calhoun St

(DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
AL OR ATTEN	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within a figure offer death. Page ¹ 4 may be by the hospital or offending physicion.	oy be
detoched for us	RAL DIRECTOR. After this certificate hos been signed by the attending physician ond control of the funeral director, page is described for use as the buriol-transit permit. Then please remove corbon papers. Pages is the buriol-transit permit. Then please remove corbon papers. Pages is the part of the filed within 72 hours ofter deat into Denis of Health and Mental Hausene prior to buriol, cremotion or removal.	deot

322144		1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
moy be poge 3	1/	I. DE	CEASED NAME FIRST DORIS	MIDE	DLE	LEI	est E	20 DATE OF DEATH		AY YEAR	26 HOUR 5 10 A A			
el4 moy		3 SE		4. RACE B	4	5. DATE C	25 1921	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS			
oth. Pog eral dire			RTHPLACE ISTATE OR FOREIGN COUNTRY) N.C.	76 CITIZEN OF WH		MARRIEL	DE DIVORCED	BALTIMORE CITY C	OF DEATH					
s offer de by the fun iled within			TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSI	NG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Domesti	INDUSTRY	one				
USUAL RESIDENCE (1		AL RESIDENCE (IF NURSING HOME OF	Lake Drive Number of the institution of the residence before admission of the residence before a constitution of the resi				13e STREET ADDRESS 2121 Or	ZIP CODE	212					
Md. 14 FATHER'S NAME FREST LONNIE			FIRST	MIDOLE Wils	LAST	The l	15. MOTHER'S MAIDEN NAME FIRST Maggie	ME MIDOLE	Spru	ill LAS	ī			
Page 4	THE WAS DESCRISED THE DILLI			VE WAR OR DATES	1714 2		Mrs. Glor	ia Moon 3		avenwo	ood			
tritcote b physicia npapers moval.			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE				logic conven	*	BETWEEN C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
requires that the death is signed by the attend. Then please remove control to the other training, as to buriel, cremation, a		N	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT		S A CONSEQU	ENCE OF	in al disease or con	NAL DISEASE OR CONDITION GIVEN IN PART 1/0						
no. hos bei	9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT			N WAS PERFORMED	IN CERTIF		S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{PS} \)				
phys phys liftico liftico liftico mol Hy	9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF	HOUR A.M.	NONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 21				
DING PHYSICIA or ottending pi After this certif te os the buriol-t oith and Mental marked or Item		MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME STREET,	INJURY FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR IC	IWN	COUNTY	STATE			
OR OR	Som s		220.1 certify that (1) (this hosp sow the deceased alive or above. (1) (well dec) (did no	11-12	19		d that in (my) (ver) opinion (to 11-13 deoth occurred on the d	ote ond hour		that (I) (() lost couses stated			
0 4 0 40			22b SIGNATURE			I	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		22c DATE	SIGNED			
TO HOSPITAL (retoined by the TO FUNERAL E should be detoined the with the Stote E IMPORTANT: IF	1			M WEB			7640 FORG		21212	,				
BP			surial, CREMATION, REMOVAL	23b DATE 11/16,	/85 B	alto.	Cemetery Cemetery	23d. LOCATION CITY OR TOWN Balto	M		STATE			
DHMH - 16 60M 7. (VRA 15, 4)	/B4	24. FI	James A. Mor	ton & So	ons ¹⁰⁰ 17	01 La	urens 250 DAT	NOV 14 198	PSS. REGISTR	RAR'S SIGNAM	ustimate			

STATE OF MARYLAND



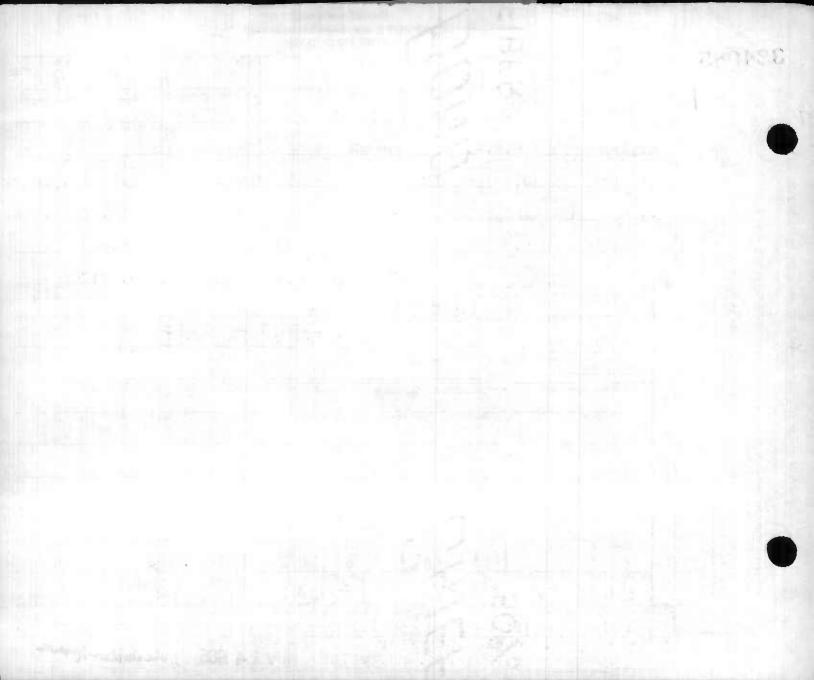
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE TO THE TOTAL PROPERTY OF THE PROPERTY

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

LEWIS T. GWYNN 4517 PARK HEIGHTS AVENUE

2115 ... HASEL ST. 21217

0.100-	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENT CERTIFICATE OF DEA		NE REG. NO).		*
24085		EASED NAME FIRST	MIDDLE	LAST	1			AY YEAR	2b HOUR
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4 moy	3 SE)	MANG	RACE	5. DATE OF BIRTH MONTH DAY	YEAR	. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1000	A 0.0	MITTLE	DIACK	10 11	21	64	YRS.	0.054711	
4 75 50		RTHPLACE (STATE OR FOREIGN 71	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAI	RRIED 🛄	BALTIMORE CITY O		OFDEATH	
8 1 1		aryland	U.S.A. NAME OF HOSPITAL NURSIN		RCED :	Baltimore	2 City	Tast was o	MD. OF BUSINESS OR
1 17 A17	10 C1	IY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST O		INDUSTRY	
35 0/			Siani Hospita			Gov.		Equi	
illed in		AL RESIDENCE (IF NURSING HOME OR O TATE 13b COUNT		N 13d. INSIDE CITY	LIMITS?	3e.STREET ADDRESS / 3127 Seg	ZIP CODE	21215	alt. Md
2 sho		THER'S NAME		15 MOTHER'S M	AAIDEN NAM	E	aroa	11V . D	are. Ha
and			R. Lee	FIRS	nie	MIDDLE	TaTo	edon	iT
8= -	160 V	Joseph I				ADDRE		edon	
Poges 1		ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			Euodoui a	- Ma	. 217	0.1
he P		Yes WWII	220-05-		1 Lee	Frederic	K, Ma		IMATE INTERVAL ONSET AND DEATH
hysic boop ovol		PART I. DEATH WAS CAUSED	one couse per line for (01,(b), and BY:	1 A hand				BETWEEN	ONSET AND DEATH
rem reve		IMMEDIATE	CAUSE (0) Caraia	e cover					
a ottendin move corb notion, or troumotic			DUE TO, OR AS A CONSEQUE		70	to ?M	T		
otto		Conditions, if any, which	1 10 Substa	U CO V I	ot_	0,11	-		
r the		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF				17.5	
ed by the oleose rer riol, crem or other			(c)						
fhen pl to bur njury,	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO	O THE TERMIN	IAL DISEASE OR CON	DITION GIVE	N IN PART II	0,
prior ony i	ATI	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORM	MED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
	F					YES TI NOT	YES	ING CAUSES	NO
certificate has cridical to certificate has arial-transit per Aentol Hygiene them 18 shows	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Zic. HOW INJU	IRY OCCURRE	D (ENTER NATURE OF INJUI			
1 = 10 E		OR CONTRIBUTING CAUSE OF DEATH		AY YEAR					
this certified by the burial-	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION					
TOR: After this for use os the kof Heolith and J	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F			CITY OR TO	WN	COUNTY	STATE
S mo		22a.1 certify that (I) (this hospital	ol) ottended the deceased from_		19	_, to	, 1	9	that (I) (we) lost
pitol or off IOR: After for use os tl of Health o 21 is morke		sow the deceased alive on_ above, (I) (we) (did) (did not)	view the body after death.	, and that in (my) (or	ur) opinion de	oth occurred on the do	ite and haur	ond from the	couses stoted
DIRECTORECTORECTORECTORECTORECTORECTORECTO		22b. SIGNATURE	Λ Λ	DEGREE		F 1		22¢ DATE	SIGNED
4 0 5 0 =			(P(0,00		YSICIAN	MEDICAL STAF		11-	5-85
FUNERAL uld be deto		224. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e. ADDRESS		. 1	1		<u> </u>
Jat 8	19	CHARITA	POPE	SINI	AI	HOSOIT	al		
of way	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CRE	FMATORY	123d LOCATION			
	230.	Burial		pehill Ceme		Frederi	ck F	reder	ick Md.
	74 F	UNERAL DIRECTOR G.]	Douglas Stauf		25a DATE			AR'S SIGNAT	1000 a mm
- 16 50M 4/83		621 Opossumto	Douglas Staul	Md. 21701	NOV 1	1 1095	Sulin No	widow	anglable
(VRA 15, 4)	T	ozi upossumto	wii PK. Fled.	Ma. 21/01	MOA	S. T. HOWARD	1	-	À



STATE OF MARTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTIFICATE OF BEATH

1	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO				
1 DEC	CEASED NAME FIRST	WIDDLE	l.	AST .		MONTH DAY	YEAR 2b	HOUR	
(TYPE	OR PRINT)	7	10:	ahana	Nauambam	04	1005		
3. SEX	Maria	J.	IS DATE O	sberg	November 6. AGE (IN YEARS LAST BIRT	24	1985	UNDER 241	
	Sell, R. S. Cheler, C. C. C.		MONTH	DAY YEAR		MONT		OURS A	
	Female	White	Marc	h 23 1918	67	YRS	25.4211		
	RTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUNTRY	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O		DEATH		
	Maryland	USA	WIDOWE		Balti		ity		
10. CIT	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 		OR OTHER INSTITUTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF				
В	Baltimore	2543 Easter	rn Ave	21224					
USUA 13a S1	AL RESIDENCE (IF NURSING HOME OF COTATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /				
	Maryland	Baltin		YES X NO		ern Av	e 212	31	
14. FA	THER'S NAME			15 MOTHER'S MAIDEN NAM	AE	0211			
	Max	AIDDLE LAST	- 1	FIRST	WIDDLE		Myor	C	
16a W	VAS DECEASED EVER IN U.S. ARA			17 INFORMANT	ADDRE	SS	Myer	3	
	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			hong OF 67	Foots	mn 0	0 0	
-	no			Joseph Leis	berg 2343	caste			
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y one couse per line for (a), (b), (ond Icili			-	BETWEEN ONS	ET AND DE	
		ECAUSE (0) (hedio	Msul	lan allest					
z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	OITION GIVEN II	N PART IIO		
CERTIFICATION	none					T 15 1150 1115	DF 5 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
CA	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING			
TIE					YES NO	YES [,	10 🗆	
100	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21. HOW INTUING OCCUPA					
	OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. MONTH	DAY YEAR	ZIE HOW INJURY OCCUR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 21		
	OR CONTRIBUTING CAUSE OF DEAT	P.M. 21e. PLACE OF INJURY	19	211 LOCATION	ED (ENTER NATURE OF INJUR	100	OR PART 21	STATI	
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEA: (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	19			100	<u> </u>	STATI	
	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E FARM ETC)	211 LOCATION		w	COUNTY		
	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a Certify Hotol (I) (this hospit sow the deceosed olive on obove, (I) (we) (did) (did not obove, (I) (we) (did) (did) (did not obove, (I) (we) (did) (did) (did) (did) (did)	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E FARM, EIC)	211 LOCATION STREET 19 B C	CITY OR TO:	wn 19_	COUNTY tho		
	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 1 certify that (1) (this haspit	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E FARM, EIC)	211 LOCATION STREET 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CITY OR TO:	, 19_ ste and hour one	COUNTY tho	t (I) (we)	
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MEDICAL	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22d certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not 22b SIGNATURE 22d PHYSICIAN'S NAME (TYPE OF	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 10) ottended the deceosed from 10/24 19) view the body offer death 23b. DATE 23b. DATE 23b. DATE 23c.	E FARM, ETC)	27 19 8 5 Ind that in (my) (our) opinion of the control of the co	To lo	te ond hour one	ST. tho d from the cou 22c. DATE SIC 11 - 2	t (h (we) sses state GNED F-B Rhal Li L STAT	
230. B	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK NOT WHILE AT WORK SOW the deceosed olive on obave, (I) (we) (did) (did not 22b SIGNATURE) 22d PHYSICIAN'S NAME (TYPE OF THE NAME)	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 10) ottended the deceosed from 10/24 19) view the body offer death 23b. DATE 23b. DATE 23b. DATE 23c.	E FARM, ETC)	27 19 BC 10 BC	To lo	in 19_	tho d from the could be county 11 - 2 Live TP County TP County TP County SIGNATUR	ses stoted ST-B Roal STATI	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

STATE OF MARYLAND

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STATE OF MARYLAND

PERSONAL LANGUAGE CONTRACT CONTRACT CONTRACTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 2b. HOUR Matthew November 26. Leonard 1985 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS 23 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore (ity WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Hudson Street Beth. Steel lectrician USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? STREET ADDRESS / ZIP CODE 3901 Hudson Street 21224 Baltimore YESXX 15 MOTHER'S MAIDEN NAME Barbara Freund zabezh eonard 17 INFORMANT 3901 Hudson St. 21224 215-16-6917 Doris Leonard APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED ON FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

90 DATE OF CHERA

220.1 certify that (1) (this has all) attended the deceased from

21b. TIME OF INJURY

PM

21e PLACE OF INJURY

HOUR A.M. MONTH DAY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

IMMEDIATE CAUSE 10

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 YEAR 10

21f LOCATION

CITY OR TOWN COUNTY

YES [

STATE

NO [

sow the deceased alive on_ above, (1) (western (did not) view the bady after death

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIE FITHER NOTIEY MEDICAL EXAMINER)

NOT WHILE

214 INJURY OCCURRED

22ª ADDRESS

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

should be det with the State IMPORTANT:

DHMH - 16 60M 7/B4 (VRA 15, 4)

23o. BURIAL.

Most Holy Redeemen

DEGREE

NOF

and that in (my) (authopinian death accurred on the date and hour and from the causes stated

31408

24 FUNERAL DIRECTOR

FOR

1. DECEASED NAME

REGISTRAR

Male

Maryland

Baltimore

160 WAS DECEASED EVER IN U.S.

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gave rise to immediate couse (a), stating

underlying cause

Maruland

4 FATHER'S NAME

To BIRTHPLACE ISTATE OR FOREIGN

FIRST

Jerome

13h COUNTY

4. RACE

White

- STATE

(TYPE OR PRINT)

3. SEX

130 STATE

CERTIFICATION

MEDICAL

00

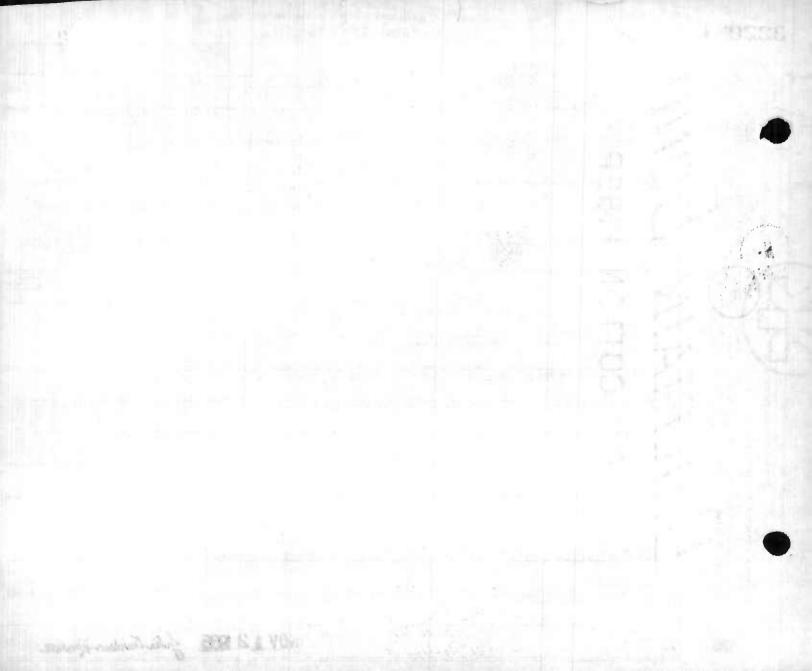
harles S. Zeiler & Son Inc. 1901 S. Conkling St

22c DATE SIGNED

Teamer Leading Leading Comment Co. 17:5 17:45 23 23 23 2 yang arang x son my in a sister a sister of the son ential 11-27-7 Out who cannot have the e.

in the second of the second of

	1,	FOR		ATE OF MARYLAND OF HEALTH AND MENTAL H	IYGIENE	3 0 5 3
322081	11-	STATE REGISTRAR	MEDICAL EXAMI	INER'S CERTIFICATE O	F DEATH REG. N	60
O/FIT O IS		CEASED NAME FIRST	MIDDLE	LAST	20 DATE KNOWN X	
	(TYI	BENJA	AMIN F.	LEOPOLD	OF ESTI-	11-5-85,
+ Selection (3. SE.		5 DATE OF BIRTH 6 AGE IN		24 HRS. 2c DATE	MONTH DAY YEAR 24 HOUR
DIRECTOR STATE	the	ile Irfile	MONTH DAY YEAR LAST BIRT	YRS. HOURS	MIN PRONOUNCED DEAD	11-5-85, 9:35
ESSA ESSA ESSA ESSA ESSA ESSA ESSA ESSA	70 B	RTHPLACE ISTATE OR	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED ANEVER MARRI	IED .	OR COUNTY OF DEATH
S S S S S S S S S S S S S S S S S S S		Ohd.	U.J.A.	WIDOWED DIVORC		ML
A SHEED		TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HO (1F NOT IN SUCH FACILITY, GIVE STREET ADDRES	55)	120 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OR IMPUSTRY,
A D S S S S S S S S S S S S S S S S S S		altimore	801 McHenry St. (V	vacant bldg.)	The chemist	heet shelet as
H. IF ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS AN RECORDS. 201 WI PRESTON STREET,	130 S	TAIN IS COUNT		13d. INSIDE CITY-LIMITS?	30 S. Septe	to St. 21230
E, MD. 5 1, 2, 8 10 2 3 10 2 3	14. F.	ATHER'S NAME	LAST	15. MOTHER'S MAIDE	EN NAME MIDDLE	O a LAST
# 88 8 8 000	1	Trong	Teopold	Corothe	1	starliper 1
BALTIMORE DATER DEA GOVE PAGES TORNA PAGES 1 AN MISION OF	16a. \	VAS DECEASED EVER IN U.S. ARN ES, NO, OR UNKNOWN) (IF YES, GIVE V	MED FORCES 16b. SOCIAL SECUP WAR OR DATES)	RITY NO. 17. INFORMANT	ADDRESS	Tiestinsbeldy, W.Va.
1 30 E S		NO	215-46-5F	69 George Les	spold 131 Jan	efox 54. 25401
J 5 43 E 8	1	IN CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ly one cause per line for (a), (b), and (c), i			APPROXIMATE INTERVAL
			TE CAUSE (o) Narcotism			
		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	E OF		
W. PRE WITHE ENCIL TRANS! TRANS! VIAL H		gave rise to immediate) (6)			
CUED WITHING IN PERSONAL IN PENDICIL IN PENDICIL IN PENDICIL IN PENDICIL IN PENDICIL IN PENDICIP IN PE		couse (a) stating the under- lying cause last.	DUE TO, OR AS A CONSEQUENC	E OF		10000
EXECUTED IN PERCENTED IN PERCEN	13	ALE A STEEL VEHICLES COMPANIES	(c)			
L RECORDS, 201 W. PRESTUDE BY PRESTUDENT BY PRESTUDING. IN PENCIL I FE MEDICAL EXAMINER REATED AS A BURIAL - TRANSMEATH AND MENTAL HY AL, CREMATION, OR REMO	z	PART 2 OTHER SHIRIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TH	ERMINAL DISEASE ON CONDITION GIVEN IN PAI	RT 1:141	
E 30 0 9 ;	CERTIFICATION	19a DATE OF OPERATION	THE CONDITION FOR WHICH OP	PERATION WAS PERFORMED?		28 AUTOPSY?
DIVISION OF VITAL RE S CERTIFICATE SHOULD RITING THE WORD "PE RDED TO THE CHIEF A SE 3 SHOULD BE USED A E DEPARTMENT OF HE OF PROR TO BURRAL.	35	Haratalan et et en en en en en	THE STATE OF THE PARTY OF THE P			YES [X NO [
IN OF VITA ICATE SHO THE WORD THE WORD THE WORD THE CHIE SOLUE BE US R TO BURIL	黄	21s EXTERNAL CAUSE WAS	735 TIME OF INJURY		D. (ENTER HATURE OF HUURY IN ITEM IS	
CERTIFICATE TING THE WED TO THE DEPARTMEN DEPARTMEN DEPARTMEN DEPARTMEN	A.	UNDERLYING OR CAUSE OF D	The state of the s	EAR		
ISIO TO TENTING	MEDICAL	214 INJURY OCCURRED	THE PLACE OF INJURY LAPHONE			
TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING TH PAGE 4 SHOULD BE FORWARDED TO TO FUNEAL DIRECTOR: PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPART BALTIMORE, MARYLAND, 21201 PRIQR	W	WHILE D NOT WHILE D	STREET, FACTORY, FARM, EYE.)	\$1883	CITY OF FOWN	COUNTY STATE
ATE, ORW		22s. I certify that Hook charge	e of the remains discribed above, held on	Autopsy X. Inspection	n . Inquiry . or	nd in my opinion
EXAMINER: CERTIFICATE JUD BE FOR WITH THE		death resulted right Nature	rol county Accident 1	Smith Homicide	Undetermined monner .	
WAR!		A /A	MA. Va	TITLE (SPECIFY)		
A HOUSE		SIGNATURE WILL	in xminvi	My MD Assistan	T MEDICAL EXAMINER	DATE SIGNED 11-5-85
MEDICA CUTE TH CUTE TH SE 4 SHG FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA	1	EXAMINER'S NAME	. = = .0 =	ADDRESS PENN	Stroot	
M GEORGE ALTIVERS		TYPE OR PRINT	nis F. Smyth, M.D.	Table ACC 2	The second secon	
PAC PAC BALL	73a.8	TREMATION, REMOVAL 23	3b. DATE 23c. NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY (STATE
07/84 BP	100	NEDAL DIRECTOR	11-8-1982 Goder	Leel Osmelly	Ship It.	4.6. 60 · New .
DHMH - 17	170	UNERAL DIRECTOR	address and hal	21223 NOV	REC'D, BY REGISTRAR 255 REG	ISTRAR'S SIGNATURE
(VR A15 ME (5))	1	-1. Ownson	one. 901 Holling So	4.	The form	wenteton-Nostress



William C. March F/H West 4300 Wabash Avenue

STATE OF MARYLAND

26 HOUR

JE UNDER 24 HRS

NO [

ming warmy thank

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

	, I		-22a 1/20	0/86 mtb	F#611	STATE	OF MARYLA	AND	-63		72 1	1 0	1.4	
-	1.	FOR STATE			DEPARTA	MENT OF HE	ALTH AND	MENTAL H	YGIENE	3	0	1	200	and
	-	REGISTRAR		ME	DICALE	XAMINER	'S CERTIF	FICATE O	F DEAT	H RE	EG. NO.			1
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PLEAS FOUR STREET	3. SE		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS	IF UNDER 1 YR		24 HRS 2c		MON	TH DAY	1985 YEAR	2d HOUR
4 3 4 X 8 8		- S		MONTH DAY	YEAR	LAST BIRTHDAY)	MONTHS DAYS			ONOUNCED				3:101
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SHOW TO		18 CAUSE O	F DEATH (Enter anl	ly ane cause per line	far (a), (b),	and (c).)			Cath	eteriza	ation	I A	APPROXIMATE	INTERVAL
PAN DE SE		PARTIDE	ATH VALAS CALLSED	E CAUSE (a) Her			ng atte	mnted			CLOII	BET	WEEN ONSET	AND DEATH
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ATE ORY HE S	ON NO	22a. I certif	y that I taak charg	e af the remains des	cribed abav	re, held an	Autapsy .	Inspection		Inquiry X	and in my	y apınıan		
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SER SER	2/0	9000	_	1	1/			(SPECIFY)						
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SC 4 2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	3/	EXAMINER'S	NAME Gre	egory R.	Kauffr	man, M.r	45555	. 111	Penn	St I	Balto.	MD		
TO MEDICAL EXPENDING TO PROPERTY OF THE CITY OF THE CI	32.5	TYPE OR PRIN	ION, REMOVAL 2			AME OF CEMET			[23d LOC.		M100.1	. II.		
adadada	(SPECIFY)							CITY OR	ionsvil	Vo (Balto	st _j	Md.
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DHMH - 17			Funeral	Home ADD	268	Citu	12 010			1 87		A-A-A		1
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	11-	FOR STATE				NT OF HEA	OF MARYLAI	ENTAL H		5		3	0	5	1	
1.	18	REGISTRAR		MED		AMINER	'S CERTIFI	CATEO			REG.					
319072		CEASED NAME F	IRST		MIDDLE	e E	LAST		20	DATE	KNOWN-	MOR	NTH DA	Y YEAR	76 HOU	
2002	David			MARC			Lester	Lester DEATH MA			MATED	□ 1	1 7	185		
AN CERT	3. SE)	ALE WHITE	MO	B.10,19	YEAR		MONTHS DAYS	IF UNDER HOURS		DATE	NCED	MON	1 7	YEAR	10:2	
AND	To B	RTHPLACE ISTATE OR	7b. C	ITIZEN OF WH.	AT COUNTR	V2 0	XX		9	BALTIN	ORE CITY	ORCO	UNTY O		1 2 /	
の一般語言と	1	MARYLAND							timo	re City, M						
A STATE OF THE STA	Baltimore			University hospital						LEST	ESTERS FOOD					
AND AND SELECTION OF SELECTION	13e. S	AL RESIDENCE (IF IN NURSING TATE NO. 1	HOME OR OTHE LOUNTY HOWARD		13c. CITY OF	ORE ADMISSION) R TOWN MBIA	13d. INSIDE	CITY LIMITS?	13e STREE	ADDRI BLA	ŠŠK C	HERR	Y CT	MARKE • #2	21045	
EATH PARTY OF THE	The state of the last	ATHER'S NAME FIRST HAROLD		MIDDLE LESTER				15. MOTHER'S MAIDEN NAME BETTYE SHI					HURK	URKIÑ ST		
ATTENDA NEERAD NEERAD SION O	- (Y	VAS DECEASED EVER IN U	S. ARMED F	MED FORCES? WAR OR DATES) 16b. SOCIAL SECURITY NO. 217-60-1211				17. INFORMANT MRS. BETH LESTER 6237 BLACK CHERRY CT. COLUM				MBIA	BIA, MD 21045			
ST. B.		18 CAUSE OF DEATH (En	ALICED BY	,			1						ВІ	APPROXIMA ETWEEN ONS	TE INTERVAL	
N THE STATE OF		IMA	MEDIATE CA	USE (o)			gunshot	wound	IS	-	-	_				
LIN A SIT		Conditions, if any,	which	DUE TO, OR A	AS A COIVSE	QUEINCE OF										
OI W. P. TED WITH N PENCIT XAMINE AL - TRAI		gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF lying cause lost.														
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 IN STRING THE WORD "FENDING" IN PENCIL IN 1EN REDED TO THE CHIEF MEDICAL EXAMINER A SHOULD BE USED AS A BURIAL "RANSIT PE DEPARTMENT OF HEALTH AND MENTAL HYGIEN IN PRICE TO BURIAL, CREMATION, OR REMOVAL	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a														
	CERTIFICATION	190, DATE OF OPERATION	٧	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							I20	AUTOPSY	Y?			
HER USE	문												YES 10 NO			
CATE SHE WORLD BE WENT TO BUT	3	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH 6:15.M. 11 7 19 85 Subject shot								OR PART 2}	100 %	140				
SHO SHO PAR RIOL	MEDICAL	CONTRIBUTING CAUS	SE OF DEATH	1 6: 15 M.		7 19 85 AT HOME 2	Subjection	t shot	-							
DIVISI DIVISI E. WRITING RWARDED P. PAGE 3 SI STATE DEP	ME									ore						
AND, AND,		22e I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my opinion														
RECONSTITUTE OF BE		death resulted from: Natural coyses, Accident, Suicide, Hamicide														
LEXA OULD OULD H, WIII		ACTUAL SIGNATURE	50	De	\sim		M.DAS		It MEDIC	AI EY AA	AINED	D/	ATE	11/8/	/85	
SHE THE SHE SHE SHE	7		-											2.2.7.07		
TO MEDICAL E EXECUTE THE O PAGE 4 SHOUL A FO FUNERAL D BALTIMORE, M		(TYPE OR PRINT)	Gree	gory R.	kauff	man, M.	D. ADDRESS_	111	Penn	St.	Bal	to.M	D.			
07/84 BP	23a.B	URIAL, CREMATION, REMO BURIAL	NOV	.10,1)98	5 23c. NA	ME OF CEMETE	RY OR CREMAT MUNO (AR	RLINGT	ON) IVBY	ALAN'I	MORE		COUNTY 1	MARYL	AND	
25M DHMH - 17	24. F	UNERAL DIRECTOR SC	L LEV	INSON &	BROS.	,INC.		250. DATE R	REC'D. BY R	EGISTRA	R PL RE	GUTRAF	SSIGN	JURE		
(VR A15 ME (5))		6010 REISTEL					1215	NON	131	985	11			44	4	

W. Martine Committee

cederal or line

- STATE REGISTRAR

MALE

70. BIRTHPLACE (STATE OF FOREIGN

IR CITY OR TOWN OF DEATH

Virginia

14 FATHER'S NAME

CERTIFICATION

MEDICAL

medical

d

and Mentol Hem

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MPORTANT.

ld b

I. DECEASED NAME

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

LAST

LESTER

5 DATE OF BIRTH

REG. NO.						
a. DATE OF DEATH MONTH	DAY	YEAR	2b HOU	JR		
NOVEMBER 13, 1	985		12:	30a		
. AGE (IN YEARS LAST BIRTHDAY)		RIYEAR	IF UNDER 24 HRS			
979 979	MONTHS	DAYS	HOUR5	MIN.		

14 - 1908 Black 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA WIDOWED DIVORCED Baltimore City 12b. KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Maryland General Hospital Baltimore

ANDERSON

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN Baltimore Maryland

MIDDLE

4 RACE

YES TE 15. MOTHER'S MAIDEN NAME Hattie

827 Linden Avenue MIDDLE ADDRESS

Farmer

13e.STREET ADDRESS / ZIP CODE

Keaton

Tink ev 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

E1R51

ROBERT

166 SOCIAL SECURITY NO 228-18-8221

Family

17 INFORMANT

13d INSIDE CITY LIMITS?

827 Linden Ave. Baltimore

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

(b) Congestive Cardiomyopathy

DUE TO, OR AS A CONSEQUENCE OF

Lester

PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21d INJURY OCCURRED

22b. SIGNATURE

Burial

19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

HOUR A.M. MONTH DAY YEAR THE PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)

211 LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES [

STATE

220.1 certify that (IX(this haspital) attended the deceased from November 7., 19. 85, to November 7.3.,19. 85, that (K(we) lost sow the deceased alive an <u>November 13.1985</u>, and that in (XX (our) opinion death occurred on the date and hour and from the causes stated above, (IXwe) (did) (didXX) view the body, after death.

DEGREE

ATTENDING 22e ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

700 AUTOPSY?

NO

CITY OR TOWN

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL CREMATION, REMOVAL

Ganey

c/o Maryland General Hospital 23¢ NAME OF CEMETERY OR CREMATORY Jones Cemetery Rd. 654 Kenbridge,

Lunenburg

206. IE YES, WERE FINDINGS USED

CERTIFYING CAUSES OF DEATH?

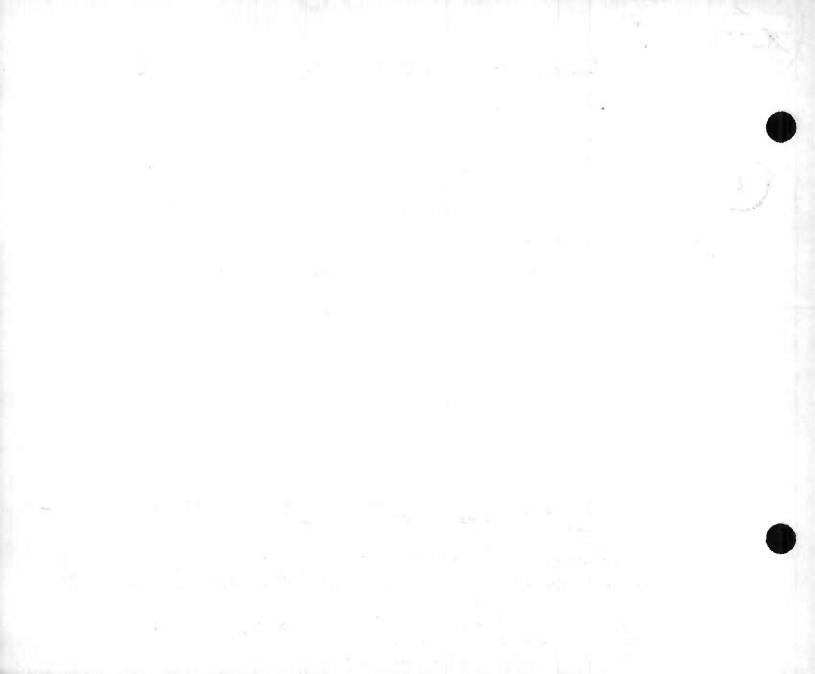
DHMH - 16 60M 7/84 (VRA 15, 4)

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per al di e di milati 1734 de la companione

tel el gammamar en Florina 123 th gamma desert 221 171

(VRA 15, 4)



333006

	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND N
STATE	CEDITIEIC ATE OF D

	1-	STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. N	O.		1			
		CEASED NAME FIRST	MIDDIE	L	NST .	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR			
	(TYPE	OR PRINT) JAME	s H	LI	EWIS JR		11/21/	85	11:13 am			
	3 SE>	(4. RACE	S. DATE O		6. AGE (IN YEARS LAST BIR		DERTYEAR	IF UNDER 24 HRS			
		MALE	Black	MONTH 6	9 1926	5-9	YRS	DAYS	HOURS MIN.			
1	7a B1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	D MENCE WARRIED !	9. BALTIMORE CITY	R COUNTY OF	EATH				
)		Balto. Md.	USA	WIDOWE			CITY		MD.			
11	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL		R OTHER INSTITUTION	12a USUAL OCCUPAT		B. KIND O NDUSTRY	F BUSINESS OR			
7		LTIMORE	UNION MEMOR		TAL							
3		AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL	INTY 13c. CITY	OR JOWN	13d. INSIDE CITY LIMITS	130 STREET ADDRESS		tree	+ 18			
	14 FA	THER'S NAME		l	15 MOTHER'S MAIDEN							
23	2	JAMES	14 Le	WIS	Annie	WIDDLE		OTTL	cy			
1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	TAL SECURITY NO.	17 INFORMANT	ADDRI		. /	1			
	(1	465	215	-24-6330	IRENE I	Lewis 230	8 Kobb	, 54	treet			
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:					BETWEEN	MATE INTERVAL ONSET AND DEATH			
3		DUE TO, OR AS A CONSEQUENCE OF										
d		Conditions, if ony, which	(b) 0	at cell c	arcinoma							
		couse (o), stating the underlying cause lost.	DUE TO, OR AS A CO	ONSEQUENCE OF		***	1		31 + 31			
		PART 2 OTHER SIGNIFICANT		ING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN	J PART 11	3.			
	N	Hea		Cancer	A 1 A	ohol abuse						
	ATI	19a DATE OF OPERATION		R WHICH OPERATION		20a AUTOPSY?	206. IF YES, WE					
2	CERTIFICATION	er fliv is				YES NO	IN CERTIFYING	CAUSES	OF DEATH?			
	Ü	210. ACCIDENT WAS UNDERLYING		NTH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 2)	8 - 2 - 3			
7	AL	OR CONTRIBUTING CAUSE OF DI	AIH	19	1000							
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR		21f. LOCATION	CITY OF TO		OUNIY	STATE			
	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR	RY, OFFICE, FARM, ETC.)	STREET	CITY OR IC	wn	OUNT	STATE			
	6.0	22a I certify that (1) (this hosp		a nom		5 , to			that (we) lost			
		sow the deceased alive a above (1) (we) (bid) (did n	of) view the body ofter dea	19 5, on	d that in (my) our) opini	on deoth occurred on the d	ote and hour and	from the	couses stated			
		22b. SIGNATURE			DEGREE			22c DATE				
		2,14.12	lother		ATTENDING PHYSICIAN			11/:	21/45			
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS							
		F.M.GLOTH, M	.D.		UNION MEMO	RIAL HOSPITA	L					

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE 130. NA (SPECIAL 11/26/85 GA
24 FUNERAL DIRECTOR

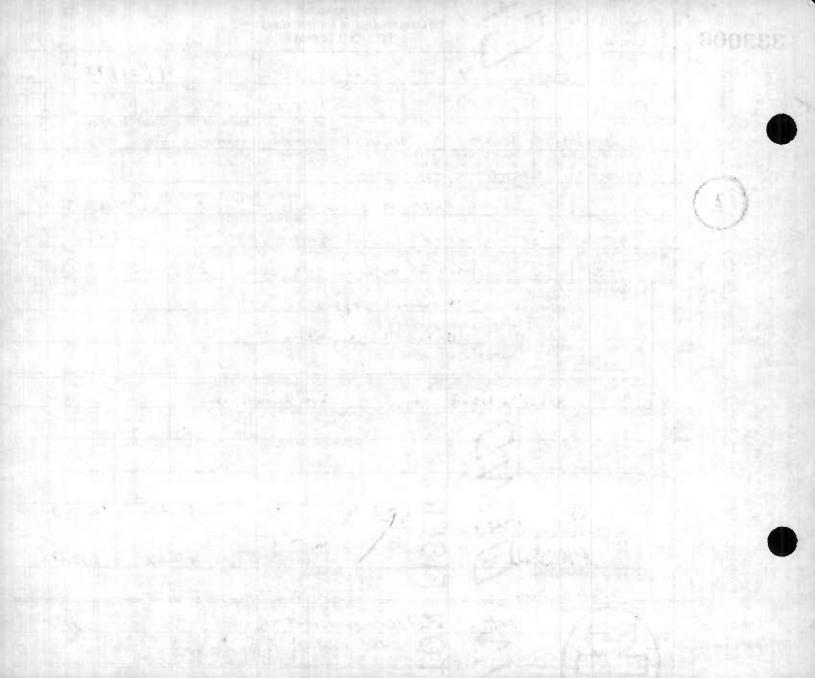
SETT MILLER FUNEFAL SORVICOS,

231 NAME OF CEMETERY OF CREMATORY
GARRISON FOTEST V.

23d. LOCATION

COUNTY

4611 Park Hate NOV 9 5 1095



	1,	FOR			EPART			AARYLAI I AND M	ENTAL H	YGIËNE	5	3	1	0 6	2
345010	1.	STATE		MEI	DICAL	EXAMIN	IER'S	ERTIFIC	CATE O	FDEATH	1 ,	REG. NO.			
OKUUKU	1. DE	CEASED NAME	FIRST		MIDDLE			LAST		20 [DATE KNO		MONTH	DAY YEA	R IZb. HOUR
	(TY	PE OR PRINT)		A-14 A	т		T 7				OF ES	11-		00 01	
PIEASE RECTOR. RECTOR. PROURS			JEFFR		J.			WIS					11	22 1985	
STREET FIRE	3. SE	X	4 RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YILL LAST BIRTHE	AY) MONT	DER 1 YR.	HOURS		DATE		HTMÓN	DAY YE	AR 2d HOUR
2 ESSE	M	ale	Black	Nov. 13	. 59	00	RS.	DATS	HOURS	MIN,	DEAD		11	22 1985	4:27
A A A A S A S A S A S A S A S A S A S A	Ta, B	IRTHPLACE (ST	ATE OR	76. CITIZEN OF WH	IAT COUN	TRY?	8			9.B	ALTIMORE	CITY OR C	COUNT	Y OF DEATH	
SAN SER	7	Baltim		U.S.A		- 43	WIDOV	/ED 🗆	VER MARRIE DIVORCE	D 0	Baltimore City N			MD.	
	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS			E, OR OTH	IER INSTITU	ITION		OCCUPATION OF WORKING		WORK	OR INDU	BUSINESS
CONTRACTOR TO THE PAGE	1	Baltimo		Universi			1			Lar	ober			-0	
N G G G				OR OTHER INSTITUTION, GIV										- 1	711
21201 F ANY DELA AND 3 TO RETAIN P HOULD BE RECORDS	13a S	Md	No:	TY	13c. CITY	altimo		13d. INSIDE C	NO	13e. STREET . 900	ADDRESS Popla	r Gro	ove	St.	-14
	14. F	ATHER'S NAME						15. MOTH	ER'S MAIDE						
BALTIMORE, MD. S AFTER DEATH, IF GIVE PAGES 1, 2, TITH FORM PM 3. PAGES 1 AND 2 SI INISION OF VITAL	1	FIRST	y Lewis	MIDDLE		LAST			Poca	Lee E	MIDDLE			LAST	
8 38 × 4 /-	4		EVER IN U.S. AR	UED FORCESS	Tun sor	CIAL SECURI	IV NO	17. INFOR		Lee I		DDRESS			
ALTIMA AFTER IVE PA H FOR AGES ISION	100.	res, no, or unkno	WN) (IF YES, GIVE	WAR OR DATES)	166. 500	IAL SECURI	IT NO.								
ALTI ALTI SINE PAGE PAGE	-	0-		0				Rosa	Lee L	ewis,	906 F	ayett	e &	t.	
WITH DIV		18 CAUSE O	F DEATH (Enter an	ly ane cause per line	far (a), (b), and (c).)	1111							APPROXIA	ATE INTERVAL
I W. PRESTON ST. D. WITHIN 24 HOU PENCIL IN ITEM TAMMINER ALONG 1 TAMMINER ALONG 1 ENTAL HYGIENE, OR REMOVAL.		PARTIDE	ATH WAS CAUSE	D BY:	Chah	Farra	of h	5co						BELWEENO	ISET AND DEATH
ON ST 24 HO ITEM 1 ICONG IPERMI GIENE,			IMMEDIAT	TE CAUSE (a)				leau_							
WORLS A PLANT		Condition	. if you which	DUE TO, OR	AS A COP	ASEGUENCE	OF								
AAL THE ANSWER			ns, if any, which se to immediate	(b)											
S S S S S S S S S S S S S S S S S S S			stating the <u>under-</u>	DUE TO, OR	AS A CON	SEQUENCE	OF								
N A S N N N N N N N N N N N N N N N N N		lying cau	se last.	(6)										2	
RDS, 201 W. RECUTED WI WG" IN PENY CALTEXAMIN POURIAL TO AND MENTAL		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELA	TED ID THE TER	MINAL DISEAS	E DR CONDITIO	ON GIVEN IN PAR	I] (a)					77.10
	z								on otten in the	1 1 10					
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A P. HE	5	190. DATE OF	OPERATION	IVE. CONDII	ION FOR	WHICH OPE	RATION W	AS PERFOR	KMEU?					20 AUTOP	54?
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A SECTION		UNDERLYING	OR CAUSE OF	HOUR A.M	11_	22- 108	5 5	hiect	stabl	han					
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DIVIS IS CER' RITING REDED GE 3 SI TE DEP	ME			STREET, FACT	ORY, FARM, E			STREET			Y OR TOWN		cou	NIY	STATE
		AT WORK	NOT WHILE S	hous hous	e		291	I W.	North	Ave.,	Balto	•			MD
		72n Leartis	fu that I tack chara	je af the remains des	cribed abo	ve held on	Autas	X	Inspection		nguiry	and	n my apı	nian	
M Q C D I V							-		icide X				iii) upi		
WHEN SHEET S		death result	ed fram: Natur	ral causes 🔲,	Accident	L. S	uicide			Undetermi	ned manne				
CAL EXAMINER: THE CERTIFICATE SHOULD BE FORM: FRAL DIRECTOR: FRAL WITH THE S PRE, WARYLAND. 11		ACTUAL	M	2	1-				SPECIFY)				DATE		
4 H 5 4 F F -		SIGNATURE.	M	1 VY	1	_	^	LD. ASS	istant	MEDICA	LEXAMINE	R	SIGNE	11-2	3-85
SEA SET S	7	a marienta	///-						444 -					0400	
3 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3	-	TYPE OR PRI	NAME Ann	M. Dixon,	M.D.			ADDRESS_	TIT	Penn S	t., B	alto.	, ML	2120.	L
TO MEDICAL EXAMI EXECUTE THE CREPTIFE PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL.	23n. l	BURIAL CREMA	TION, REMOVAL 2	3b DATE	23c. I	NAME OF CE	METERY C		ORY	23d. LOCA	TION			***	
		SPECIFY)										M	COUN		STATE
07/84 BP	24	Burial	TOR	11/30/85		Arbuti	is Me	m Par		EC'D. BY REC	imore	Sh_REGISTE	ryla	GNATURE	
DHMH - 17	44.	NAME NAME		ADDRESS					DEC	6 19	35	1.0. A	• • •	S. MIONE	
(VR A15 ME (5))	T	T	-1 71	1.C11 Darl	Heis	hts A	ve. 2	1215	250	UB		file S	ando	and fond	· 100

DEC - 6 18 5 Junit 19 20 ...

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Н		REGISTRAR		CERTIF	ICATE OF DEATH	REG, N	10.					
		CEASED NAME FIRST	MIDE	DLE L	AST TEACH	20 DATE OF DEATH		2h HOUR				
	HAME	J.C	HN	4	EWS		11/1/05	2. 20 Am				
	Lifes	2 /	4 RAC	5 DATE C		& AGE INVENSIANT M						
	1	MALE	BLA	ICK MA	Y 30 1910	74	YRS.	s Pigues - way				
d		RTHPLACE (STATE OR FOREIGN	A CITIZEN OF WH	ALCOUNTRY? 8	NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF DEATH	-				
1		MO	Un	WIDOWE		130	ella. Ci	MI MD.				
6	1	OR TOWN OF DEATH	LIF NOT IN SUCH	SPITAL, NURSING HOME COLUMN GIVE STREET ADDRESS!	or other institution	THE USUAL OCCUPAT (TYPE OF WORK FOR MOST)	O OF BUSINESS OR					
5	LISUA Ida S	AT RESIDENCE (IF NURSING HOME OF		E RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO []	130 STREET ADDRESS	ZIP CODE	3/333				
)	14 FA	ATHER'S NAME	MIDDLE	LEWIS	15. MOTHER'S MAIDEN NAI	ME MIDDLE		LAST				
		VAS DECEASED EVER IN U.S. AR YES NO OR HINKNOWN) (IF YES. GIT	MED FORCES? 161	SOCIAL SECURITY NO.	Bassie Les	wis 513		des St.				
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE			1.6		BETWEE	OXIMATE INTERVAL N ONSET AND DEATH				
H		IMMEDIATE CAUSE (a) SEPS 7 S										
		C 199 11 11 1	DUE TO, OR A	S A CONSEQUENCE OF	LMANIA 1	RENAL F	FAIL LIGHT					
	14	Conditions, if ony, which gave rise to immediate)		1010111	100 010 1	3/24/0					
Н		cause (01, stating the underlying cause last.	DUE TO, OR A	S A CONSEQUENCE OF								
		PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	110				
	NO.					100000						
9	CERTIFICATION	190. DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES []	DINGS USED ES OF DEATH?				
ā	CER	21a ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR		JRY IN ITEM 18 PART I OR PART 2)				
T	CAL	OR CONTRIBUTING CAUSE OF DE.	1	MONTH DAY YEAR								
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF	INJURY FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE				
Н		AT WORK										
		22a I certify that (I) (this hasp sow the deceased alive or			id that in (my) (our) opinion			, that (I) (we) last				
		abave, (I) (we) (did) (did no	t) view the body aft	er death.	DE@REE	ocom accorreg an me o		TE SIGNED				
		Lola	nes of	(Olmi	ATTENDING PHYSICIAN	MEDICAL STA	FF _ //	11/15				
		22d. PHYSICIAN'S NAME (TYPE OF		cuth	220 ADDRESS	TERSO	11-05PI	TAC				
	23a. B	BURTAL, CREMATION, REMOVAL 1985(AY)	23b. DATE 11/6/8	5 M. M.	emetery or crematory of . Men. PK.	23d LOCATION CITY OF TOWN	ello- COUNTY 7	Red. STATE				
1	24 FL	INERAL DIRECTOR	1/10	ADDRESS '	250. DAT	E REC'D. BY REGISTRAN	256 REGISTRAR'S SIGN					
	de	octs Lunine	HALL	1309 M. Cen	we are	MUN 0 8 18	5 Jane	son-gandere				

DHMH - 16 60M 7/84

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

Anno de la companio del companio de la companio de la companio della companio del

Leroy M. & Russell C. Witzke Funeral Home

FOR

REGISTRAR

DECEASED NAME

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOLIR

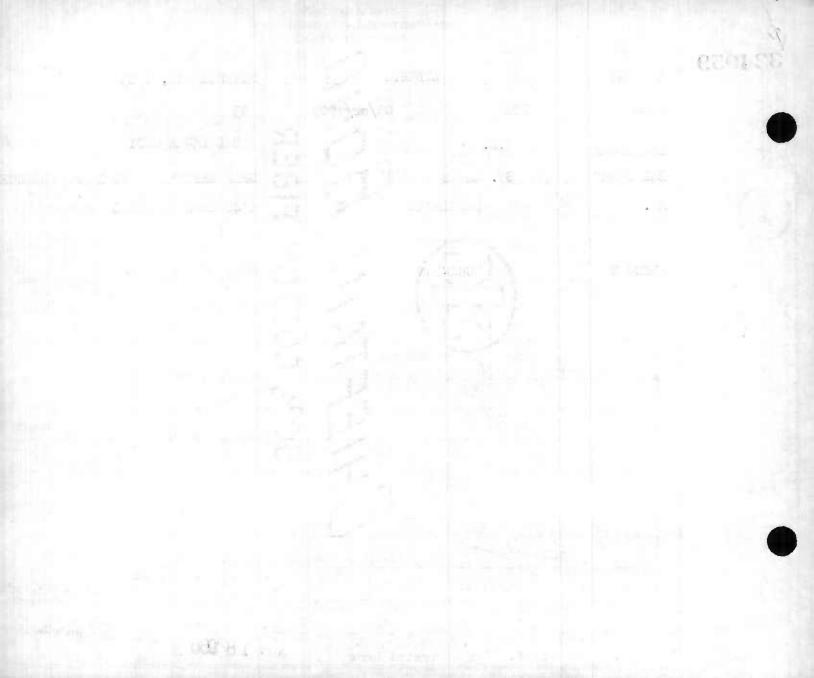
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STATE

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IF UNDER 24 HRS

20 DATE OF DEATH MONTH

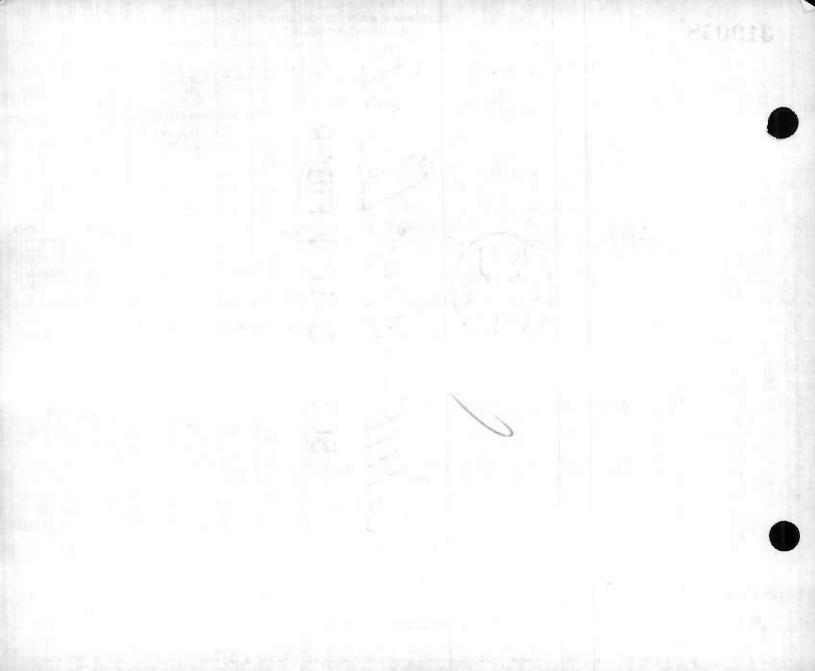


DEPARTMENT OF HEALTH AND MENTAL HYGIENI

FOR

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2	0124		STATE REGISTRAR		M	EDIC	AL EXAMIN	ER'S C	ERTIFICATE	OF DEATH	REG. NO).	
100	O I i o		CEASED NAME	FIR57		MIDD	LE		LAST	2a D	ATE KNOWN		DAY YEAR 26 HOL
	38 S S S E	(18)	E OR PRINT)	Loui	S	D.		Т	Linley		OF ESTI-	11	21 19 85
	TREE CHARLES	3. SE	4. RA		5. DATE OF BIRT	Н	6 AGE (IN YEA	ARS IF UN	DER 1 YR. IF UND	ER 24 HRS 2c.	DATE	MONTH	DAY YEAR 2d. HOU 21 85 8:40
	E NEGSSARY, PLEASE FUNERAL DIRECTOR. E. S FOR YOUR FILES. EL, WITHIN 72 HOURS. W. PRESTON STREET,			V		B/30/27 58 YRS. HOURS AIN PROPOSICED 11							
4	PRAIN YEST		RTHPLACE (STATE OR PREIGN COUNTRY)		76. CITIZEN OF	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY							OF DEATH
	THE STATE OF THE S		Kansas			USA WIDOWED & DIVORCED Baltimore City							N
	A THE STATE OF THE	10. C	TY OR TOWN OF DE		NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (TYPE OF WORK I) FOR MOST OF WORKING (IFE)							OR INDUSTRY	
	A04 # 50 -		Baltimore	SULED	Johns	Hopk	ins Hosp	ital				- New	s America
2130	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	13a. S	AL RESIDENCE (IF IN N TATE	13b. COUN		GIVE RESID	ENCE BEFORE ADMISSIC CITY OR TOWN Balto.	DNI	34 INSIDE CITY LIMITS	13e. STREET A	St. Pau	l St.	, 21202
MO.212	THE STATE OF	14. E.	ATHER'S NAME		AIDOLE				15. MOTHER'S MA		MIDDLE		
4	E053200		Louis		WIDULE		Linley		Virgi	nia	WIDDLE	F	OX
MO	PAGON I	16a. \	VAS DECEASED EVE	R IN U.S. AR	MED FORCES? WAR OR GATES)	16b	SOCIAL SECURITY	Y NO.	17 INFORMANT		ADDRESS		
E F	RS AFTER GIVE PR MITH FOR PAGES DIVISION		Yes	Nav		22	8 24 45	30	Jared L	inley,	Balto.	, ME	
	SE S		18 CAUSE OF DEA	TH (Enter an	ly ane cause per l	ine far (a), (b), and (c).)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
N S	ENEW PARTY		PART I DEATH V		D BY: TE CAUSE (a)	Ar	terioscl	eroti	c cardio	vascular	disease		BETWEEN ONSET AND DEAT
570	A PART OF STATE OF ST			1170712077			CONSEQUENCE					100	
- E	新工作		Conditions, if gave rise to		(b)								
×	SE S		cause (a) statin	g the under-	<	OR AS A	CONSEQUENCE	OF.					
201	EXAL SAL		lying cause las	<u>!.</u>	(c)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	MANER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 IFFICATE, WRITING THE WORD, "FENDING". IN PENCI. IN ITE BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCO ECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PR TH HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIE YLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVA	1	PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN	PART 1 to L			
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N N	JSED SED	No.	196. DATE OF OPER	ATION	196. CON	DITION	OR WHICH OPER	ATION W.	AS PERFORMED?				20. AUTOPSY?
<u> </u>	18 5 18 5 18 5 18 5 18 5 18 5 18 5 18 5	1 =	21a EXTERNAL CAL	ISEWAS	21b. TIME	OS INITIO	DV	111. HC	W INTUINV OCCUR	DED			YES NOX
Ö	A SA	10	UNDERLYING CONTRIBUTING			.M. MOI	NTH DAY YEAR	ZIE. HC	W INJURY OCCUR	KED (SHIEK HATOK	OF INJURY IN ITEM 18 P	ART TORPART	2)
S S	PAR PAR	MEDICAL	214 INTURY OCCUR	PRED		.M.	URY (AT HOME.	214 100	ATION		-		
N N	SETINGE SETING	ME	WHILE NO.	T WHILE T		ACTORY, FA			IREET .	CITY	ORTOWN	COUN	TY STATE
	PAG TAT 212		AT WORK - AT	WORK			1						
	SES SATE		22a. I certify that		e of the remains o	described	above, Held	Aprigor	Inspec	tian X, In	quiry L, and	d in my apin	ian
	ECT PET		death resulted fra	m: Norti	al causes X,	Accid	A 41 50	1	Homicide	, Undetermin	ed manner,		
	EXAMI CERTIFI JID BE DIRECTORITY WITH		ACTUAL	11/1	900	6	N91.	V	TITLE (SPECIFY)			DATE	
	AHANA HA	1	SIGNATURE.	46/	1/1/8	4	1 mil	M.	D. Acting (Chiefolcal	EXAMINER	SIGNED	11/22/85
	MON WOOD		EXAMINER'S NAME	πh	omac D	Cmi+	h M D	0	111	Donn Ct	Dalta	MD	
	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAU DIRECTOR: PATER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)	111	omas D.				IDDIKE 33		. Balto	. UIV.	
		23a.B	URIAL, CREMATION,				23c. NAME OF CEA			23d. LOCAT	ito.,	COUNTY	MD STATE
07/84 25M	BP	74 E	Cremat UNERAL DIRECTOR		11/22/8		Green				ISTRAR [25b REGIS	TPAP'S SIG	
	DHMH - 17 (VR A15 ME (5))		1905 York				s & Son) ·			Lavida	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 339089 I. DECEASED NAME 20. DATE KNOWN X 2h HOUR (TYPE OR PRINT) ELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. 1 PAGE 5. FOR YOUR FILES. 1 PAGE 5. WITHIN 72 HOURS MALL MARCESTON STREET, L. DEATH MATED Mildred Litrenta 11/27/19 85 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 8 198 LAST BIRTHDAY PRONOUNCED 79 Female White 3 5 1906 DEAD 27/ 19 85 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. DIVORCED WIDOWED Baltimore City 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK M. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Housewife OR INDUSTRY Home Baltimore Francis Scott Key Med. Center USUAL RESIDENCE (IF IN NURSING ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13d. INSIDE CITY LIMITS? 6909 Holabird Ave. Baltimore 21222 Maryland Dundalk NO K YES [M. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Unknown Lear Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** LIFYES, GIVE WAR OR DATES) 1751 Stokeslev Rd 21222 Rita Milbourne 218-16-1648 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) DIVISION OF VITAL RECO CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HE 31 PRIOR TO BURIAL 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING NOR 11/27/1985 subject pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 6:43 KM 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 (AFTER DEATH, WITH, LIHE STATE DE BALLIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.) WHILE AT WORK Holabird Ave. & Craftman Rd. Balto. Co. Md. roadway Inspection X 22a. I certify that I taak charge of the remains described obave, held an and in my opinion Accident X death resulted from: Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 11/27/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Baltimore Maryland 07/84 BP Burial 11/30/85 Gardens of Faith 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Duda-Ruck, Jng. Aster Burkson - Worder DHMH - 17 (VR A15 ME (5)) Baltimore, Maryland 7922 Wise Ave.

1-	FOR STATE REGISTRAR		DEPART	MENT OF HE	ALTH AND M	ENTAL HYGI		3 NO.	10	7 1
			MIDDLE				11	5	85	2b. HOUR
3. SEX	emale	1. RACE W	ik	5. DATE OF	BIRTH DAY	YEAR	76	YRS.	DAYS DAYS	IF UNDER 24 HRS HOURS MIN.
		4.5	P	WIDOWE	DIVI	ORCED	BALTIN	nore	CITY	MD.
16	BALTIMOR	E F.S	CH FACILITY, GIVE STREET	MET ADDRESS)	N	Apparents.	(TYPE OF WORK FOR MOS	T OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
13a. S	TATE 13b	COUNTY	13c. CITY OR TO		YES 🗌	NO 💢	811 MILDI			21222
H. FA	THER'S NAME FIRST	ADOLPH	WOL	F	15. MOTHER'S	MAIDEN NAM	nm WIDDLE		LAST	
	ES. NO OR UNKNOWN) (II						- 1		BALT.	MOREN A
	PART I. DEATH WAS IM Canditions, if ony, wl gave rise to immed cause (o), stoting	CAUSED BY: MEDIATE CAUSE (a)_ DUE TO, hich (b)_ idte the DUE TO,	Cardio DR AS A CONSEQ Corone	Pulus UENCE OF		Diseo	se		BETWEEN	nset and déath
HCATION	Infection	ou, Pul	monon	4 20	lema	e, Re	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	IGS USED OF DEATH?
MEDICAL CERTI	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL II 21d. INJURY OCCURRED WHILE NOT WHILE	SE OF DEATH HOUR (EXAMINER)	A.M. MONTH P.M. E OF INJURY	19			D (ENTER NATURE OF IN	IJURY IN ITEM 18 PA		NO
	22a.1 certify that (I) (th	olive an	19.	85, on	DEGREE	TTENDING	MEDICAL SI	TAFF		
e	MARI		ER MI	2						
	1. DECC (17PE of 17 A. BIRITATION NO. CENTIFICATION NO. CIT TO STATE OF THE CATON NO. CENTIFICATION NO	1. DECEASED NAME (IYPE OR PRINT) 3. SEX FEURD 70. BIRTHPLACE (STATE OR FORE COUNTRY) 10. CITY OR TOWN OF DEATH BALLIMOR 130. STATE 130. STATE 130. WAS DECEASED EVER IN 1 (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH 16. PART 1. DEATH WAS 1M. Conditions, if ony, we gove rise to immed couse (o), stoting underlying couse PART 2. OTHER SIGNIFI 190. DATE OF OPERATIO 21d. ACCIDENT WAS UNDERLOUSE OR CONTRIBUTING CAU (IF EITHER, NOTEY MEDICAL) 21d. INJURY OCCURRED WHILE AT WORK 22d. I certify thot (I) (the soun the deceased one) 110. Individual in the country of t	The Cause of Death (In yes, no or unknown) 1. DECEASED NAME (IYPE OR PRINT) 1. DECEASED NAME (IYPE OR PRINT) 1. DECEASED NAME (IYPE OR PRINT) 1. RACE (IYPE OR PRINT) 1. NAME OF (IF NOR SING) 1. RACE (IYPE OR PRINT) 1. NAME OF (IF NOR SING) 1. RACE (IYPE OR PRINT) 1. NAME OF (IF NOR SING) 1. RACE (IYPE OR PRINT) 1. NAME OF (IF NOR SING) 1. NAME OF (IF YES, GIVE WAR OR DATES) 1. RACE (IXPE OF DEATH (Enter only one cause purport) 1. CONDITIONS (INT) 1. RACE (IXPE OR DATE) 1. NAME OF (IXPE OR WAR OR DATES) 1. NAME OF (IXPE OR PRINT) 1. NAME OF (IXPE OR PRINT) 1. NAME OF (IXPE OR PRINT) 1. NAME OF (IXPE OR PRINT)	THYSICIAN'S NAME I. DECEASED NAME REGISTRAR 1. DECEASED NAME (IYPE OR PRINT) ROSA 4. RACE WW. & 4. RACE WW. & 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 79. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURS (IF NOT N SUCH FACKITY, GIVE RESIDENCE BEFC. 136. STATE 136. CUNTY 137. CITY OR TOWN 137. CITY OR TOWN 14. S. F. 159. COUNTY 150. CHY OR TOWN OF DEATH 151. NAME OF HOSPITAL, NURS (IF NOT N SUCH FACKITY, GIVE RESIDENCE BEFC. 136. STATE 137. CITY OR TOWN 138. CITY OR TOWN 14. NAME PRIST MIDDLE LAST ADOLL H WAS 16. SOCIAL SEC (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16. SOCIAL SEC (YES, NO OR UNKNOWN) 178. CAUSE OF DEATH (Enter only one cause per line for (a), (b), CONTRIBUTING TOWN OR ON UNKNOWN) 179. CAUSE OF DEATH (Enter only one cause per line for (a), (b), CONTRIBUTING TOWN OR ON UNKNOWN) 179. DATE OF OPERATION 179. CONDITION FOR WHICE 170. DATE OF OPERATION 170. CONDITION FOR WHICE 171. ACCIDENT WAS UNDERLYING 172. CACIDENT WAS UNDERLYING 173. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 174. INJURY OCCURRED WHILE AT WORK 175. SIGNAPH 176. CITY OF TOWN 177. SIGNAPH 177. SIGNAPH 177. SIGNAPH 177. SIGNAPH 177. SIGNAPH 178. INDURY NAME (IYPE OR PRINT)	DEPARTMENT OF HE REGISTRAR 1. DECEASED NAME (IYPE OR PRINT) 3. SEX 3. SEX 4. RACE 4. RACE 4. RACE 5. DATE OF MONTH 6. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. STATE 13. COUNTY 13. COUNTY 13. CITY OR TOWN 14. RACE 15. DATE OF MONTH 17. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 16. STATE 17. STATE 18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c), part of the country	DEPARTMENT OF HEALTH AND M CERTIFICATE OF DI CITY ON PRINTIP TO ANY TO ANY	TATE REGISTAR CERTIFICATE OF DEATH DECEASED NAME (1'TFC OR PRINT) ROSA CITTR ENTA 3. SEX 1. RACE MOONTH TO AN TEAR TO	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH Registrary Registr	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR ROSA W. LITRENTA 1. DATE OF BRITH S. BALTIMORE CITY CROUNTY S. BALTI	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTEAR REG

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

EISNER MD 23a. BURIAL, CREMATION, REMOVAL SPECEFY BURIAL

24 FUNERAL DIRECTOR

GARDENS FRITH

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1855

23d LOCATION CITY OR TOWN

mo.

STATE

COUNTY

ABROWSKI - 1805 DHADAL

KOLE MI STREWING ME CROSS SHEET STREET WAS SERVED TO SHEET - 113 Farm Warren Notton the state of the s

pode

FOR - STATE REGISTRAR

DECEASED NAME

LITTE OF PRINTS

3 SEX

FIRST

ARTHUR

4 RACE

STATE OF MARYLAND

P	ARTMENT	OF	HEAL	HT.	AND	MENTAL	HYGIENE	
	CF	PT	FICE	ATE	OF	DEATH		

·	CERTIFICATE OF DEATH	REG. N	٧٥.				
MDDLE	LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	R
L.	LITTLE		11	1	85	4	00
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	(RTHDAY)	IF UND	RIYEAR	IF UNDER	24 HRS
	MONTH DAY YEAR	6	6 VDS	MONTHS	DAYS	HOURS	MIN.

12b. KIND OF BUSINESS OR

STATE

INDUSTRY

B TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH

N.C MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED

O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n HISHAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE!

BRICKLAYER CONSTRUCTION BALTIMORE UNION MEMORIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE 13e.STREET ADDRESS / ZIP CODE 13: CITY OR TOWN 13d. INSIDE CITY LIMITS?

MARYLAND BALTIMORE 4504 CLAIRWAY NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME

LAST UNKNOWN UNKNOWN

168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 238-24-8948 CLAIRWAY 21213

APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), gnd (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate

couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF

underlying lost. couse

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CERTIFICATION

melletur

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NOF YES T 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STREET AT HOME STREET FACTORY, OFFICE, FARM, ETC 1

174.1 certify that (1) (this hospital) ottended the deceased from

(our) opinion death occurred on the date and hour and from the causes stated

DEGREE 22c DATE SIGN

ATTENDING

MEDICAL

STAFF DIRECTOR PHYSICIAN

COUNTY

PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

ROBERT VISSING, M.D. UNION MEMORIAL HOSPITAL

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN BURTAL 11-5-85

BALTIMORE BAI TIMORE MARYI AND 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

C. MARCH FUNERAL

(VRA 15, 4)

DHMH - 16 60M 7/B4

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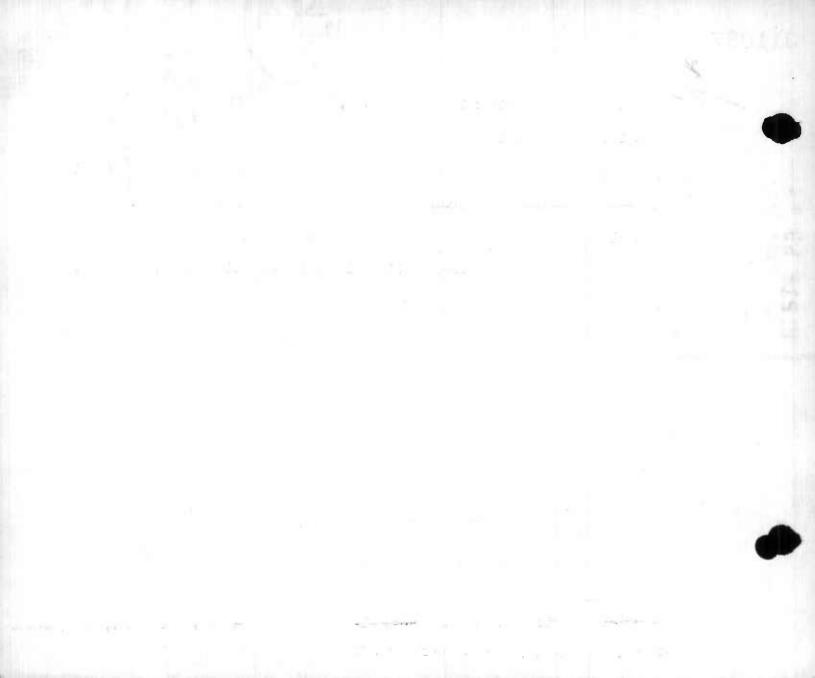
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MPORTANT

MEDICAL

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		١.	FOR		STATE OF DEPARTMENT OF HEALT	MARYLAND H AND MENTAL HYGE	ENE 5 3	10	1 ,	5
220	000	1-	STATE REGISTRAR		DICAL EXAMINER'S		EATH			
336	043		CEASED NAME FIRST		MIDDLE	LAST	REG. 110.	MONTH DAY	YEAR	7h HOUR
	# & & & E	(TYI	CAMILI	.F	Т	ITTLE	OF ESTI- DEATH MATED		OF	
	ICESSARY, PLEASE ICRAL DIRECTOR. TOR YOUR FILES. VITHIN 72 HOURS PRESTON STREET,	3 SE		5. DATE OF BIRTH	6. AGE (IN YEARS IF U		**	MONTH DAY	19 85 Y YEAR	2d HOUR
	UR UR	3	E D	MONTH DAY	YEAR (AST BIRTHDAY) MON		PRONOUNCED DEAD	11 24	OF	2d HOUR 6:56 A _M
100	SAR YOUNG	7a. B	IRTHPLACE (STATE OR	9 20 76. CITIZEN OF WH	85 YRS. 2		A BALTIMORE CITY OR		19 85	H _M
	品表を手続くり		OREIGN COUNTRY)		MAR	RIED NEVER MARRIED	Baltimore		DEATH	
	N 20 03	10 C	ARYLAND ITY OR TOWN OF DEATH	11. NAME OF HOS	A WIDO		JSUAL OCCUPATION (TYPE OF		(IND OF BUS	MD
-	APPENDED!		Baltimore /	Francis S	CILITY, GIVE STREET ADDRESS) Scott Key Medic	FC	OR MOST OF WORKING LIFE)	- WORK	OR INDUSTR	Y Y
1 2	20805		AL RESIDENCE (IF IN NUMBER OF TATE		/E RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? 13e S	TREET ADDRESS		7171	2/
(34			RYLAND		BALTIMORE		009 SCHALLR	AVE	-16	6
	I SEE	14. F.	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA			LAST	
, W	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		KENNETH	Model	ITTIF	EDYTHE	MIDDLE	MITTH	FRSPC	ON
WO W	AFTER DE SIVE PAGE I'H FORM AGES I VISION DE	16a. \	VAS DECEASED EVER IN U.S. ARN		166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	-W-1-1111	- ROP U	TUN-
ALT	OURS AFTER 118. GIVE PA G WITH FOR MIT. PAGES I JE, DIVISION (NO ()	AR ORDATES!	NONE	LEDYTH WITH	IERSPOON 50	000 51	CHAUB	0 01/5
mi :	WO E D		18 CAUSE OF DEATH (Enter only	ane cause per line			LASTUUN 31	000	APPROXIMATE TWEEN ONSET	INTERVAL
Z S			PART I DEATH WAS CAUSED		udden Infant De	eath Syndrome		BE	I WEEN ONSET	AND DEATH
OTS	V 24 HO N ITEM I ALONG ALONG IT PERM YGIENE OVAL.		, white big is		AS A CONSEQUENCE OF					
PRESTON ST.,	ANS ANS REW		Conditions, if any, which gave rise to immediate	(b)						
š	SAL SEN		cause (o) stating the under-	<	AS A CONSEQUENCE OF					
201	EXA SALA ON.		lying couse lost.	(6)						
DS,	A ANIMA BURNA		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1 101.				
DIVISION OF VITAL RECORDS.	SAA SEA	NO								
- A	L. O. HEAD	MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20	AUTOPSY?	
JI V	SE S	TF						100	YES 🔀	NO 🗆
J.	O B B B B B B B B B B B B B B B B B B B	CER	210. EXTERNAL CAUSE WAS	21b. TIME OF		OW INJURY OCCURRED (ENT	ER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)		
Z	SHOOK	3	UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR					
VISI	EERT INC	EDIO	21d. INJURY OCCURRED	21e PLACE C		OCATION STREET				
0	ARBIANE I SOI I SO	5	AT WORK AT WORK	SIREEI, PACI	ORT, PARM, ETC.)	SIREEI	CITY OR TOWN	COUNTY		STATE
	R: TH.		22a I certify that I taak charge	of the remains desc	ribed obove, held an Auto	psy X Inspection .	Inquiry . and in	in my opinion		
	NE PETA			al causes X,	Accident Svicide		determined manner	n my opinion		
	KAA ERTI NITRE ARY		1	1	L. Solde	TITLE (SPECIFY)	retermined manner,			
	# 0 5 E		ACTUAL SIGNATURE	IAN	2	7 and at ant	EDICAL EXAMINER	DATE 1	1-24-8	35
	SET SET SE			-						
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING". In PENCIL IN 1FEA PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL: TRANSIT PER AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL		EXAMINER'S MAME Ann	M. Dixon	, M.D.	ADDRESS 111 Penr	n St., Balto.	, MD ?	21201	
	DA STATE A	23e.B	URIAL, CREMATION, REMOVAL 23	b. DATE	23c. NAME OF CEMETERY O		LOCATION			
07/84	BP		JRIAL	11-29-8	NESTERN	STAR	CATONVILLE	COUNTY	STA MAD V	
25M	DHMH - 17		UNERAL DIRECTOR	ADDRESS		25c. DATE REC'D.	BY REGISTRAN TO BE RECTSTI	RAR'S SIGNA	TURENT	LAND
	(VR A15 ME (5))	Tal.			O1 F NORTH	AVE NUV 2"	7 1005			



	h	FOR STATE		DEPART	STATE	OF MARYLA		YGIENE 5	3	107	0
311037	1	REGISTRAR	A	MEDICAL	EXAMINE	R'S CERTIFI	CATEO	FDEATH	REG. NO.		
25 55 FT		CEASED NAME PE OR PRINT)	FIRST SCOT'T	Dani	el	LOCKNE	AR	2ª DATE K OF DEATH	ESTI-		
RY, PLEASE DIRECTOR. DUR FILES. 772 HOURS	3. SE		5. DATE OF BIR	AY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) YRS,	IF UNDER 1 YR.	IF UNDER	24 HRS. 2t. DATE MIN PRONOUNI DE AD	MONT CED		2d. HOUR
RECESSARY FLINERAL DIF FOR YOU MITHIN 72 PRESTON	7a B	RTHPLACE (STATE OR DREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COU	NTRY? 8.	MARRIED NI	EVER MARRIE	ED 🖺	imore Cit	JNTY OF DEATH	<u> </u>
> E S = 82		ITY OR TOWN OF DEATH	1029 W		URSING HOME, C			12a USUAL OCCUP. FOR MOST OF WORK	ATION (TYPE OF WOR		BUSINESS
ANY DELA AND 3 TO RETAIN PA HOULD BE REFORDS	13a S	AL RESIDENCE (IF IN NURSII TATE Aryland			y or town Itimore	13d. INSIDE YES 🔀	CITY LIMITS?	13e STREET ADDRES 1029 W.	36th St.	21211	
0 25.5		ATHER'S NAME FIRST John	MIDDLE S.		ckner	Ju	er's MAIDEI HRST dith	N NAME MI	DDLE	Shock	
PALTA BESAFER OVER PAGES I PAGES I	160.	MAS DECEASED EVER IN (ES, NO, OR UNKNOWN) (IF NO	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)		A			ner 1029 W	. 36th St	t. 21211	
AL RECORDS, 201 W. PRESTON VLD BE EXECUTED WITHIN 24. F. PRIDING" IN PENCIL IN ITE F. MEDICAL, EXAMINER ALON F. BAS A BURIAL, "FRANSIT PR F. FEALTH AND MENTAL HYGE AL CREMATION, OR REMOVA ———————————————————————————————————	Z	Conditions, if any gave rise to im cause (a) stating th lying couse last	v, which immediate (b)	OR AS A CO	NSEQUENCE OF						
F VITAL REC E SHOULD B WORD "PEN E CHIEF ME E CHIEF ME B USED AS SNT OF HEAL	CERTIFICATION	19a. DATE OF OPERATION	ON 196. COI	NDITION FOR	WHICH OPERAT	ON WAS PERFO	RMED?			20 AUTOPS	
0 585735		210 EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CA	HOUR	E OF INJURY A.M. MONTH P.M.	H DAY YEAR	21c HOW INJUR	Y OCCURRED	O (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)	
DIVISION THIS CERTIFIC WRITING TH WARDED TO 1940E3 SHOUL TATE DEPARTA	MEDICAL	WHILE NOT WE AT WORK	HILE STREET,	CE OF INJUR FACTORY, FARM,		STREET		CITY OR TOW	N	COUNTY	STATE
TO MEDICAL EXAMINER. TO EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM. TO FUNKRAL DIRECTOR. PAGES DEATH, WITH THE STANDER. BALTMORE, MARYTAND.	23 m. B	22a. I certify that I to death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) URIAL CREMATION REM	Natural causes X.	Accident n, M.D	Svicio	TITLE (111 F	Undetermined more MEDICAL EXAMI Penn St.,	DAI SIG Balto., I	TE 11-4-8	
07/84 RP		Burial	11/5/85	W	oodlawn	Cemetery		Baltimo	re	Maruk	and
25M DHMH - 17 (VR A15 ME (5))		NAME Alan Seitz		Ress Roland	Ave 21	211	250. DAJER	E 5 5 1985	256. REGISTRAR	5 SIGNATURE	

26 HOUR

12h KIND OF BUSINESS OR

Clothing Co.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

COUNTY

Baltimore

22c. DATE SIGNED

INDUSTRY

1:00P M

DHMH - 16 60M 7/84

230 BURIAL, CREMATION, REMOVAL

Burial

(VRA 15, 4)

24 FUNERAL DIRECTOR 3331 Brehms Lane 250 DATE REC'D. BY REGISTRAL SCHIMUNEK FUNERAL HOME, Balto, Md. 21213 NUV

23b. DATE

11/15/85

23¢ NAME OF CEMETERY OR CREMATORY

Faith

Gardens of

325043	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF	EALTH AND MENTAL HY	GIENE 8 5	3 0 / 8
be oge 3	(TYP		RGINIA	F.		HOEFER	20. DATE OF DEATH MONTH	17 85 1100 PM
Poge 4 mc director, p nours after	3. SE	x Female	4. RACE	ite	MONT	24,1923 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
# 52 XX	M	IRTHPLACE (STATE OR FO COUNTRY) aryland	U	S.A.	RY? 8. MARRII WIDOW	D NEVER MARRIED DIVORCED	9. Baltimore City or Co	
s offer holy the holy the		ALTIMORE	(IF NOT	IN SUCH FACILITY, GIVE ST	RSING HOME (REET ADDRESS)	ROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife	12b. KIND OF BUSINESS OR INDUSTRY
AND 212	13a.	AL RESIDENCE (IF NURSIN STATE aryland	G HOME OR OTHER INSTITU 3b. COUNTY		FORE ADMISSION	134. INSIDE CITY LIMITS?	130. STREET ADDRESS 4544 Hazelwo	od Ave. 21206
E, MARYLA ured within completely lond 2 sh		ATHER'S NAME FIRST Warren	MIDDLE	Frisi	no	15. MOTHER'S MAIDEN NA Virginia	ME	Broaders
MORE, In ond co		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCE			17 INFORMANT	C. Lohoefer, S	
VITAL RECORDS, 201 W. PRESTON S: NI, The low requires that the death cerr hysicion. irote been signed by the ottending ronsis permit. Then please remove carbo Hygiene prior to buriol, cremation, ar re 18 shows any injury, or other traumatic e	CERTIFICATION	Conditions, if ony, gove rise to imme couse (o), stoting underlying couse PART 2. OTHER SIGNI S 19e. DATE OF OPERATI	which diote the DUE TO LOST. ICE	O, OR AS A CONSE	ersi Quence of Pner TO DEATH BU	NOT RELATED TO THE TERM LASSICAL N WAS PERFORMED		
HOSPITAL OR ATTENDING PHYSICIA inned by the hospital or attending p. FUNERAL DIRECTOR: After this certificate by die befached for use as the burial-th the Stote Dept. of Health and Mental OPRIANT: If Item 21 is marked or Item	MEDICAL CER	22d. PHYSICIAN'S NAM	USE OF DEATH LEXAMINER) D 21e. PL. (AT HON this hospital) attended alive on d) (did no)) view the b	n, wa	IS ICE, FARM, ETC.)	211. LOCATION STREET 19 85 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN (220. ADDRESS FAR	MEDICAL STAFF DIRECTOR PHYSICIAN	county state , 19
0 € 0 € \$ \$ M		Burial, CREMATION, R (SPECIFY) Cremation	EMOVAL 23b. DAT			EMETERY OR CREMATORY	23d LOCATION CHYORTOWN Baltimore,	Maryland STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	"Leonard	J. Ruck,	Inc. Bat	timore		TE REC'D. BY REGISTRAR 255. RI	GISTRAR'S SIGNATURE

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injury, or other troumotic event, the

TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, the

TENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician

STATE OF MARYLAND

EP	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CEI	RTI	FICATE	OF	DEATH	

	1 -	STATE REGISTRAR			CERTIF	TIFICATE OF DEATH REG. NO.							
		CEASED NAME FIRST		WIDDLE	Į.	AST 4	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR			
	11172	4)1/1am	_ Irvi	na	Lot	tier sr	1	11 4	85	1:03 AM			
	3. SE>	(4 RACE	. , -11-	5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR				
1		MALE	Blac	K	MONTE	9 1912	72	YRS.	NIHS DAYS	HOURS MIN.			
A		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH				
	M	aryland	U.	S.	WIDOWE		Balto. Cit	У		MD.			
1	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND C	OF BUSINESS OR			
1	B	ALTO.	MER	CY HO:	STREET ADDRESS) HOSP, TAL JERVICE POST OF								
C	13a. S	TATE 136. CO		13c CITY OR TOW	N	134 INSIDE CITY LIMITS?	ZIP CODE		01016				
d	14.54	IND,		Balto.		YES NO	1823 "DE	NTALOL	571	R. 21216			
	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LA"	ST			
4		eorge	V.	Lottie		Lillian			rmstr	ong			
ď		VAS DECE ASED EVER IN U.S. A JES. NO OR UNKNOWN) (IF YES. C	GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE						
d		Yes W	VII	d16-44	- 2331	Mrs. E. Berr	nice Lottier	Sa	me as	#13			
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	(b)_(R AS A CONSEQUE	NCE OF	MULTUE PL	LMONARY D.	ヨントヨノ					
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	OITION GIVEN	IN PART 1	0			
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO						
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE			
		22a I certify that for this has saw the deceased alive a above, (I) (we) (did) (444)	11-6	19 8	10 -	d that in (my) (our) opinion of	deoth occurred on the do			that JP (we) lost couses stated			
		Edels tei	- Mr)	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED -			
7		22d PHYSICIAN'S NAME ITYPE	ORPRINTI Eelste	în		3002 D. Calvert Belt. MD.							

BP. DHMH - 16 60M 7/84

Anatomy Board

23b. DATE

11/4/85

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

COUNTY

24. FUNERAL DIRECTOR NAME (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Removal

Balto., Md.

338094	1.	STATE REGISTRAR			IFICATE OF DEATH	REG. NO.		
y be deoth		CEASED NAME FIRST Charl	es Lero	y I	ove	November 2		10:40AM
ge 4 may ectar, pag	3. SE	Male	4. RACE white		E OF BIRTH Oct. 28,1922	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS
nerol dire	7a. B	RTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT USA	COUNTRY? 8 MAR	RIED NEVER MARRIED D	9. BALTIMORE CITY OR CO Baltimore		MD.
s ofter do	10 C	Baltimore	F NOT IN SUCH FACIL		E OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) INDUSTRY	orist
RYLAND 21201 24 hours of filled in by chould be file		AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR Maryland Bal	NTY 13c_C	SIDENCE BEFORE ADMISSION OF TOWN altimore	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1401 Wentw	orth Ave.	21234
WARRY CONTRACTOR	D	William Love	WIDDLE	LAST		.lhelm	LA:	S1
IMORE,	160	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IEVES GIVEN	£ 1111 0 0 0 0 1 1 1 1 1 1	15-18-3872		ADDRESS Same		
physici on paper emoval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line fo ED BY: TE CAUSE (0)	Respon	atory a	rest	APPROX BETWEEN	ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ING PHYSICIAN: The low requires that the death certificate be after a stending physician. After this certificate has been signed by the attending physician as the buriol-fransit permit. Then please remove carbon papers than and Mental Hygiene prior to buriol, cremation, ar removal. orked or them 18 shows any injury, or other troumatic event, the medical		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A	A CONSEQUENCE OF	e Lyseus	WINAL DISEASE OR CONDITI	ON GIVEN IN PART 10	year
I. RECORDS, The low require on the base been signed permit. Then one prior to be one so one one prior to be one one one one one one one one one on	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERA	TION WAS PERFORMED		b. IF YES, WERE FIND! CERTIFYING CAUSES YES	
N OF VITAL SICIAN: The ng physicion certificate h vial-transit pental Hygier them 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. P.M.	MONTH DAY YE.	AR 9	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
DIVISION NG PHY offer this as the but the and M orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	CTORY, OFFICE, FARM ETC	/	CITY OF TOWN	COUNTY	STATE
ATTENDI spiral or CTOR: A Ifor use of Heol		220.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (aid) (did no			, and that in (my) (out) apinion	death accurred an the date of	and haur and from the	
O HOSPITAL OR retained by the hospital Strongeral Company Strongeral Company of the hospital Company of the stronger of the st		224 PHYSICIAN'S NAME (TYPE		Laines	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	In Date	26/45
TO HO should with the IMPOR	22-	Dr. L. Myrto		1736 NAME C	7800 Yor			
BP	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Nov. 30,		edar Hill	23d. LOCATION CITY OR TOWN	COUNTY	STATE

(VRA 15, 4)

STATE OF MARYLAND

3191	49	1 -	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND BEALTH AND MENTAL ICATE OF DEATH	. HYGIENE	8 S	3 o.	1 0	8 1
	1		CEASED NAME FIRST	C	WIDDLE		AST	20.	DATE OF DEATH		DAY YEAR	26. HOUR
noy be	le le			Daval	3	(210				585	2 /PM
e 4	rs offer	3. SE)	Fruale	4. RACE	auc.	5. DATE (3	GE (IN YEARS LAST BIR	YRS.	MONTHS DAYS	HOURS MIN.
eoth. Pag	ot of other		RTHPLACE (STATE OR FOREIGN OUNTRY)		SA	? 8. MARRIE WIDOWI	DENEVER MARRIED		altimore city o			MD.
o) s ofter d	100 mm	10. CI	or town of DEATH	(IF NOTIN	F HOSPITAL, NURSI		OR OTHER INSTITUTION	(TY	USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	F WORKING LI		F BUSINESS OR
ARYLAND 2120 J. within 24 hours plerely filled in by	36	13a. S	TATE 136. C	ounty altimor	13c. CITY OR TO	WN	13d. INSIDE CITY LIMIT	x 7	street address 767 Nort	h Pt	. Cree	21219 k Rd.
MARYL ed within	Si John Si	14 FA	THER'S NAME William	WIDDLE	Amos		15. MOTHER'S MAIDEN ELIZAT	n name beth	WIDDLE		Picke	ens
MORE	medicol 2	16a V	(AS DECEASED EVER IN U.S	ARMED FORCES S. GIVE WAR OR DATES		-902	17. INFORMANT		,SR. 776		Pt. Cr	2121 eek Rd
r, BACT	movol.		18. CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one couse (USED BY: DIATE CAUSE (0),	per line for (0), (b), o	n	lonary Av	rveet	-		BETWEEN O	MATE INTERVAL PINSET AND DEATH
TON ST oth cert	n, or rei motic e			DUE TO	OR AS A CONSEQU		rileus c	useis				
W. PRESTON nat the death o	ilease remove cora rial, cremotion, or a or other troumotic		Conditions, if any, whic gove rise to immediat couse (a), stating th underlying couse los	DUE TO	OR AS A CONSEQU	JENCE OF	an orace, s	(100)				
DS, 201 quires the	Then plea to burio njury, or	NO	PART 2. OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINA	DISEASE OR CON	DITION GIV	EN IN PART 110	
e faw re	ne prior	CERTIFICATION	196. DATE OF OPERATION	196 CO!	NDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		06 AUTOPSY?	20b. IF YES	S, WERE FINDIN	GS USED OF DEATH?
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the rottending physicion. After this certificate has been signed by	entol-fronsit entol Hygier frem 18 sbo		218. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O	F DEATH HOUR	A.M. MONTH (DAY YEAR	21c. HOW INJURY OC		(ENTER NATURE OF INJU	RY IN ITEM 18 1	PART 1 OR PART 2)	
VISION OF VI G PHYSICIAN: offending physic er this certifico	e os the buriol-ti alth and Mental morked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLA	CE OF INJURY STREET, FACTORY, OFFICE		21f. LOCATION STREET	100	CITY OR TO	WN	COUNTY	STATE
TEND ital o	for use of of Health 21 is mor		220.1 certify that (1) (his to sow the deceased alive above, (1) (we) (did) (d	ospital ottended		85 .0	nd that in (my) (our) api		to N/S	ote and hou	19 85, t	that (I) (we) lost couses stated
OR POR	Stote Dept.		226. SIGNATURE	Cl	- MD	_	DEGREE ATTENDIN PHYSICIA	NG M	EDICAL STAI		22c. DATE	-1
TO HOSPITAL etoined by th	with the State IMPORTANT: H		22d PHYSICIAN'S NAME (STERI	S		22. ADDRESS 4940 8	taste	ny Ave.	Falh	MD	21224
OI BP	5 3 3		URIAL, CREMATION, REMO SPECIFY) Burial	VAL 236. DATE	1- 1-		emetery or cremate	ORY	3d LOCATION CITY OF TOWN Balt	imore	COUNTY	STATE
DHMH - 16 5	OM 4/B2	24. FU	INERAL DIRECTOR	1 1,		OLGIC	250	· THE	1 B3RE 1983R	25b: REGIST		URE
/\/PA 14	41	(Comhelly Fi	meral	Lomo of	The second			-	E.J.		T .

319073	1-	FOR STATE			5	5 0	8 2				
be soft		REGISTRAR CEASED NAME OR PRINT)	FIRST	MIDDLE		LA!	ONO	20 DATE OF D	REG. NO.	DAY YEAR 7-85	26 HOUR 8 20 1
ctar, pag	3. SE	EMALE	4	RACE WHI	TE	DATE OF			8 YRS		IF UNDER 24 HRS HOURS MIN.
deeth Pe	MA	RTHPLACE (STATE OR FO COUNTRY) RYLAND TY OR TOWN OF DEAT		CITIZEN OF WHAT C		VIDOWED	NEVER MARRIED TO NORCED TO THER INSTITUTION	9. BALTIMOR	BA CUPATION	CT .CIT	OF BUSINESS OR
3	USU.	BALTIM AL RESIDENCE (IF NURSIN	IG HOME OR O	(IF NOT IN SUCH FACILITY THER INSTITUTION, GIVE RESIL	, GIVE STREET ADD	MISSION)	INAI	"PHOTO	GRAPHER	TONG!	DGRAPHY 21215
TYLAND		THER'S NAME	36 COUNT	DDIE 130. CII	BAT LAST	1.	13d INSIDE CITY LIMITS? YES NO	4005	DDRESS / ZIP CO		no
AORE, MA		ABRAHAM VAS DECEASED EVER III VES, NO OR UNKNOWN) NO	V U.S. ARM	MIL	LER CIAL SECURIT	14 NO.	ROSE		ANDRESS ZA	JOFI GIER	
Tr., BALTO		18 CAUSE OF DEATH PART I. DEATH WA	(Enter anly S CAUSED MMEDIATE	one cause per line for BY:			INFANC		DADIO.		MATE INTERVAL ONSET AND DEATH
res that the death ce gred by the attending in please emoire surb burial committee or y		Conditions, if ony, gove rise to imme cause (a), storing underlying cause PART 2. OTHER SIGNI	ediote the lost	DUE TO, OR AS A C	CONSEQUENT CONSEQUENT	CE OF			or condition c	GIVEN IN PART 11	0.
NG PHYSICIAN: The low requires the order of	CERTIFICATION	19a DATE OF OPERATE	ОИ	196. CONDITION FO	OR WHICH OF	PERATION	WAS PERFORMED	20a AUTOP		YES, WERE FINDING TIFYING CAUSES	
DN OF VITA	MEDICAL CER	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE	LUSE OF DEATH	21b. TIME OF INJUR HOUR A.M. MO P.M.	ONTH DAY	YEAR 19	21c. HOW INJURY OCCU	RRED (ENTERNATO			
DIVISIC VDING PH I ar after thi se as the t eolth and s marked o	WE	WHILE NOT WHILE	₹ 🗌	(AT HOME STREET, FACTO	ORY, OFFICE, FARA	A, ETC)	STREET	(L/7	COUNTY	that (I) (we) lost
OR ATTER he hospital DIRECTOR coched for in Dept of H		saw the deceased above, (I) (we) (di 22b. SIGNATURE	d alive on _ d) (did not)	view the body after de	oth. 19		I that in (my) (our) opinion EGREE ATTENDING	MEDICAL	STAFF	220 DATE	SIGNED
TO HOSPITAL Cretained by the TO FUNERAL Eshould be detowith the State LIMPORTANT: If		224 PHYSICIAN'S NAI					PHYSICIAN 220 ADDRESS		HOSP 1		/7/85
Bb		BURIAL, CREMATION, R	EMOVAL	NOV.10,198	B5 MIK	CRO K	METERY OR CREMATORY ODESH-BETH I	SRAEL	BALT IMORI		RYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR NAME O10 REISTER		EVINSON &	WDDWE33			V 1 3 10	GISTRAR 256. REG	STRAR'S SIGNAT	URE

Maria C. II. Company and C. S. S. S. S. 18 40 € H -W BALT . Usit Sinar COSELT HAZOR MO BELLE BALL V YOUR SALSDAYON ON I SHALL SHALL SHALL Paracrategy paracraphed - American Control of the Control of Puller Many 12 · X STAME MOVETA MARKET AND AND A PARTY OF THE REAL PROPERTY.

STATE OF MARYLAND

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	K	FOR	DEPARTMENT OF	FHEA!TH AND MENTAL	HYGIEND 3	1 0 0 7		
330143/	1	STATE REGISTRAR	MEDICAL EXAM!	PIER'S CERTIFICATE	OF DEATH REG. NO.			
330130		CEASED NAME FIRST	WIDDLE	LASP	20 DATE KNOWN MONTH	H DAY YEAR IZE HOU		
was see ((TY	PE OR PRINT)		r 1	OF ESTI- DEATH MATED XX 11	1-18 , 85		
V 88888	3. SE	Georg	E S. DATE OF BIRTH 6. AGE (IN)	Lyles YEARS IF UNDER 1 YR. IF UNDI		DAY YEAR 2d HOU		
/ 50m 5g	3. SE.		MONTH DAY YEAR LAST BIRTH	DAY) MONTHS DAYS HOURS	ER 24 HRS. 2c DATE MONTH	8.00		
STORES A		M	2 17 32 LAST BURTH	YRS.	DEAD 11	L-19 19 85 a.		
	70 B	IRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	RRIED P BALTIMORE CITY OR COU	NTY OF DEATH		
京売の产まへ		OREIGN COUNTRY)	2132	WIDOWED DIVOR		V.		
A SOLVE SOLV		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM	ME, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS		
SERESO C		Baltimore	1503 W. Fayette	Stroot	FOR MOST OF WORKING LIFE)	OR INDUSTRY		
45 × 98 -	USU	AL RESIDENCE HE IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS		373.00			
R 292585	13a S	TATES	TY 134 CITY OR TOWN	13d INSIDE CITY LIMITS?		St 12		
M (4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1		BACTIMO			21 212 23		
B YOUNG	14. F.	ATHER'S NAME	- MIDDLE - LAST	15. MOTHER'S MAI	MIDDLE	LAST		
は はれを含むし		GEONEE 4	4/88	BURTH	IN MABIN			
S S S S S S S S S S S S S S S S S S S	16a \	WAS DECEASED EVER IN U.S. AR		ITY NO. 17. INFORMANT	ADDRESS	3 N FAYAME NO		
FI AN POSICION AND	()	(IF YES, GIVE	WAR OR DATES)	774 BERINI	A HENDERSON	LA LANTE WA		
RES AFTER SITE FAULT FOR WITH FOR						APPROXIMATE INTERVAL		
		DART I DEATH WAS CALISED	ly one couse per line for (o), (b), and (c).) D BY:			BETWEEN ONSET AND DEATH		
ON ST 24 HOU ITEM 18 ITEM 18 PERMIT SIENE, I	13	IMMEDIA"	TE CAUSE (0) Arteriosci		ascular Disease			
W. PRESTON ST WITHIN 24 HOI ENCIL IN ITEM 1 MINER ALDNG MINER ALDN			DUE TO, OR AS A CONSEQUENCE	É OF				
AUTHIN NCIT IN RANSIT REANCH IN REANCH TALL HY		Conditions, if ony, which gove rise to immediate	(b)					
OR TREE		cause (a) stoting the under-	DUE TO, OR AS A CONSEQUENCE	E OF				
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST CRTHFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITING THE WORD "PENDING" IN PENCIL IN ITEM 1 ROED TO THE CHIEF MEDICAL EXAMINER ALONG 35 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMI EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	1.4	lying couse last.	(6)					
ME, 201 EXECUTE AGE IN AL EX AND A ATION	1	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL	PMINAL DISEASE OF CONDITION CIVEN IN	PAOT 1 ca			
ITAL RECORDS, 2 HOULD BE EXECU- IND "PENDING" II HIF MEDIAL E: USED AS A BURIL OF HEATHA NO JRIAL, CREMATIO	Z				FARI I (g)			
- CREAL	CERTIFICATION	19g. DATE OF OPERATION	ETNANOTISM	& Cachexia		20 AUTOPSY?		
AL SEP	2	THE DATE OF GLERATION	178. CONDITION FOR WHICH OF	KATION WAS FERFORMED:				
NAT OR SE	1 1					YES NO X		
SUVISION OF VITAL RE CERTIFICATE SHOULD STING THE WORD "PEI ROED TO THE CHIEF M E 3 SHOULD BE USED A E DEPARTMENT OF HEA OI PRIOR TO BURIAL, C	U	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA		RED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR	PART 2}		
S SHOOT A	MEDICAL	CONTRIBUTING CAUSE OF	DEATH P.M. 19					
CERT CERT DED DED DEP DEP	Q.	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME,	211. LOCATION				
DIN THIS C WARDI WARDI PAGE: 17ATE D	E	WHILE NOT WHILE DAT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE		
		-						
EXAMINER: CERTIFICATE OULD BE FOR I, WITH THE SARYLANDS		220. I certify that I took charg	ge of the remains described above, held on	Autopsy, Inspect	tion XX. Inquiry . and in my	opinion		
A HOTEL		death resulted ropy Natur	ral causes Actident, S	Suicide Homicide	Undetermined monner .			
AR WITH		1/20	THAT VA	THILE (SPECIFY)				
H. A.		SIGNATURE WELL	W X Mayo 1	My Assista	nt MEDICAL EXAMINER SIGN	11-19-85		
2 F R 5 R 8 R 8 R	7	SIGNATURE			MEDICAL EXAMINER SIGN			
SE S	-	EXAMINER'S NAME Der	nis F. Smyth, M.D.	111	Penn St., Balto., Mc	d. 21201		
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR. AFTER DEATH, WITH THE BALTIMORE, MARYLAND	77.0	URIAL, CREMATION, REMOVAL 2		ADDRESS EMETERY OR CREMATORY				
L M & L 4 M	234.6	SPECETY ALAGE	11/23/85 A4+ 31		23d LOCATION CHORTOWN LOCATION ON MEN	DUNTY STATE		
07/84 BP			11-11-11		12 deringen & MD	70-1-00		
DHMH - 17	24 F	UNERAL DIRECTOR	mynd (gorys m g, /mv	250. DAT	TE REC'D. BY REGISTRAR 256, REGISTRAR	MENTAL VIET		
(VR A15 ME (5))	1	il with days. It in	and ob use	NAT	1 66 500			

STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		REGISTRAR					REG. NO).			
		CEASED NAME FIRST LES	SIE BOOKE		312AY	20	DATE OF DEATH	WONTH D.	5 YEAR	8; 4	
	3 SEX	Ennal.	4 RACE	5. DATE C		YEAR	AGE (IN YEARS LAST BIRT		ONTHS DATE	IF UNDER 2	J HRS MIN,
	7. D.II	PENIONE	76 CITIZEN OF WHAT COL	12	18	05	19	YRS	OF DE ATM		
5		RTHPLACE (STATE OR FOREIGN	USH	MARRIEI	D NEVER MAR	RIED	Baltimore city of	nore	city		MD.
0	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C			USUAL OCCUPATION	N	12b. KIND OI INDUSTRY	F BUSINES	
1	13	altimore	North Ch	arles Ge	neral Ho	spited	Housen		INDUSTRI		
5		AL RESIDENCE (IF NURSING HOME OF	NTY 13c CITY O	OR TOWN	13d. INSIDE CITY I		STREET ADDRESS	ZIP CODE	+ 40	2121	34
0	14 FA	ATHER'S NAME VIII COM	MIDDLE	rood	Melos Melos	In 1a	WIDDLE	W	Cur	tis	15
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCI.	AL SECURITY NO - 37 - 0552	17 INFORMANT	Barrela	ADDRE	55	3,		
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA)		GEST	IVE	HEA	RT	4	APPROXI/ BETWEEN O	MATE INTERV	S S
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	Liven	すっしゃん	1.1	URE				
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE OR CONE	ITION GIVE	N IN PART 110		
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORME		200 AUTOPSY?		WERE FINDIN		1 ?
1		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJUR	Y OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION		CITY OR TOV	VN	COUNTY	\$17	ATE
		220.1 certify that (I) (this haspi saw the deceased alive an	11 061	19 85 an	d that in (my) (aur	9 85 r) apinian dea	th accurred an the da	te and haur		hat (II (w	
		abave, (I) (we) (did) (did no 22b. SIGNATURE	A Si Vicina			NDING A	MEDICAL STAF		221. DATE :	OG1	85
		22d. PHYSICIAN'S NAME (TYPE O	JAR.A		22e ADDRESS	NJRT	murce,	20 m	2121	171	て
	· ·	BURIAL, CREMATION, REMOVAL SPECIF Burial	23b DATE 11/9/85		EMETERY OR CREA	MATORY Park	23d LOCATION CITY OR TOWN Arbutus		COUNTY	St/	ate d
		UNERAL DIRECTOR					0 8 1985		. 1		
	Wil	lliam C. March	-/H West 4300) Wabash /	Avenue	MANA	0 0 1985	1 1 1	cividson-f	THE PROPERTY.	

DHMH - 16 60M 7/84

(VRA 15, 4)

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84 1710 A CONTRACTOR OF THE PARTY OF TH Tend In the second

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

2b. HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

IF UNDER 24 HRS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. [MPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

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1 - STATE REGISTRAR			DEPART		EALTH AND MENTAL HYO	GIENE REG. N	Ю.	31010	
I. DECEASED NAME	DERICK		Mac.	-	GALL Jr.	20. DATE OF DEATH	MONTH DAY	YEAR 1985	26. HOUR 07 20 AM
3. SEX MA	PLE	RACE W	HITE	5. DATE C	23 1928	6. AGE (INYEARS LAST BH	YRS	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
To BIRTHPLACE (STA COUNTRY) Maryland	TE OR FOREIGN 7	U.S.A.	what country?	MARRIE WIDOWE	DEXNEVER MARRIED DIVORCED D	Baltimore		DEATH	MD
BALTIM	ORE I	FRANCE	HOSPITAL, NURSIN HEACILITY, GIVE STREET IS SCOT	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Bricklay	OF WORKING LIFE)	126 KIND O INDUSTRY	OF BUSINESS OR
Maryland	13b. COUNT Balti	Υ	13c. CITY OR TOV Dundalk	VN	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 7048 Dunh		.d	21222
Roderick	M	IDDLE M.S	acDougall	Sr	15. MOTHER'S MAIDEN NA	AME MIDDLE H.		Mil.	
160 WAS DECEASED I	VER IN U.S. ARM	ED FORCES?	166 SOCIAL SECT	URITY NO.	IT INFORMANT Anna E. MacD	ADDR		as 13	
18 CAUSE OF E	DEATH (Enter only TH WAS CAUSED	one cause per	line for (o), (b), or		Arrest				onset and death
Conditions, if gove rise to couse (o), underlying	immediate stating the	(b)	R AS A CONSEQUE	mic	Cardio my o	pathy	8 <u>1 2 8</u>	1.	5 415
	1026				NOT RELATED TO THE TER				
SIGN ACCIDENT WA	PERATION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, W IN CERTIFYIN YES		
	CAUSE OF DEAT		FINJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
(IF EITHER NOTIF) 21d. INJURY OCH WHILE AT WORK	CURRED OF WHILE	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE.	FARM, ETC.)	211. LOCATION STREET	CITY OR TO)wn	COUNTY	STATE
sow the de	ot (I) (this hospito ceased alive an_ we) (did) (did not	1//56/	e deceased from 19 ofter death.	. /	nd that in (my) (our) apinion	death occurred on the d	ote and hour a	47	that (1) (we) last causes stated
226. SIGNATUR	ulu	11		M	ATTENDING PHYSICIAN	MEDICAL STA		27c DATE	SIGNED 20/85
22d PHYSICIAN	IS NAME (TYPE OR	ICHT			FRANCE	S SCOTT	KEY M	141.	ENTER
230. BURIAL, CREMAT (SPECIFY) Burial	ION, REMOVAL	23b. DATE 12/3/1		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltimor		VINUO.	arvland
24 FUNERAL DIRECTO	PR Duda-R			OTTA .		TE REC'D. BY REGISTRAN		SSIGNAL	
7922 Wise	Avenue	Dunda		land	21222	0000	1		0

STEEPING RELECTION AND PROPERTY IN THE PROPERTY OF THE THE FRAMES ROTT KEN HAVE BEET TO THE SECOND STATES OF THE SECOND STATES Letter and the street the street that

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	STATE									DEC N	40		
		FIRST		MIDDLE			LAST		2a C	ATE KNOWN		DAY YE	AR Zb HOUR
			ph	J.			Mach	Jr.	D	EATH MATED	□ 11	7 19 8	5 4
			S. DATE OF BIRTH	YEAR	LAST BIRTH	DAY) MONT	1 1111	IF UNDER	MIN PRO	NOUNCED	MONTH	DAY YE	1 : 47
-			76. CITIZEN OF WI	TAL CON		1			9 B				
			U.S.A.						IED X		_		AAF
10 C	TY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NU	JRSING HOA	AE, OR OTH	IER INSTITU	TION	FOR MOST	OF WORKING LIFE)		12b. KIND OF OR INDU	BUSINESS
			609 S	. Dur	cham S	treet			Secur	ity Guar	rd		
130 S	TATE			13c. CIT	YORTOWN	,					0.1		21231
1			040	L BA	FITMOR	8	-			. Durnar	m St.	Balto.	Md.
	FIRST		J.		MACH	١	1	FIRST	I VENTE	MIDDLE		SZAFAF	37.
16a. \	VAS DECEASEI	DEVER IN U.S. ARA	AED FORCES?	16b. SO		ITY NO.	17 INFOR	MANT		ADDRES	SS		
	No	_				00	Mary	y Stac	churski	8908 K	ilkenr		
Ч,	IR CAUSE O PART I DE	F DEATH (Enter onl	N DV						1 1			BETWEEN O	MATE INTERVAL
93		IMMEDIAT					cardi	Lovaso	cular d	ısease			
94				A3 A CO	1364061166	. 01						1.00	
	couse (o)	stoting the under-	< ' '	AS A COI	NSEQUENCE	OF							
	lying cou	se lost.	(c)										
z	PART 2 OTHER ST	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	RUT NOT REL	ATED TO THE TER	RMINAL DISEAS	E OR CONDITIO	N GIVEN IN PA	RT I ra				
ATIO	190 DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPE	RATION	AS PERFOR	MED?				20 AUTOF	SY?
IFIC												YES [Хои
CER					DAY YEA	AR 21c. H	OW INJURY	OCCURRE	D LENTER NATUR	E OF INJURY IN ITEM T	8 PART 1 OR PA	RT 2)	
CAL	CONTRIBUTII	NG CAUSE OF	DEATH P.M		19		CATION						
MED	WHILE	NOT WHILE	STREET FACT						cm	ORTOWN	со	UNTY	STATE
									V				
		,					1		_		and in my of	oinion	
33	death result	ea from: Natur	al couses [A.],	Accident	L. S	ouicide L			Undetermin	ned manner	,		
	ACTUAL SIGNATURE	X/0				N			MEDICAL	EXAMINER	DATE	11/	8/85
1	EY AMINER'S	NAME V			5.5						0.01.4		
	(TYPE OR PRI	VI) GL									o.MD.		
23o.B	URIAL, CREMA'								CITY OR TO	WN	COU!	YIM	STATE
			10 V + 11 - 17	0) 0	, Dual	птатя	us ven			ISTRAR 25h. REC	GISTRAR'S S	IGNATURE	
Ge	orge A.	Weber &	Sons Inc.	705	S. Ann	St. 2	1231	MAA	0819	85	Louida	n-Rand	102
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MACK GAUCASTAN FEB. 18, 1974 J. MARTILIAND J. S. CHIZEN OF WHAT COUNTRY? BRITHPIACE (SMAIL OR OF 1984) J. CHIZEN OF WHAT COUNTRY? BAILTIMOTE GOOD S. Durham STREET ADDRESS BUSING RESIDENCE IF IN INASINO-HOME, OR OTHER INSTITUTION IS STATE JIS COUNTY BAILTIMORE JIS COUNTY BAILTIMORE MARYLAND AND AND JOSEPH J. MACH ANNA JOSEPH J. STREET ADDRESS MACH ANNA JOSEPH J. MACH ANNA J. J. NIFORMANT ADDRES J. MACH ANNA J. J. NIFORMANT J. MACH ANNA J. J. MACH ANNA J. J	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DEPERASED HAME TREE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. Dependent Tree Medical Tree Tree Medical Tree Tr	DEPARTMENT OF HEATH AND MENTAL HYGINE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DOSEDN

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A S. 71. 51. 11.	<i>p</i>	Jame		AROLD	MAGEE, JR.	OF ESTI- DEATH MATED	11. 7 19 85 N		
SY, PLE DIRECTION DOUR FILE SY HOLD	3. SE	le White	March 28,	YEAR 6 AGE (IN YE LAST BIRTHD	AY) MONTHS DAYS HOURS	DER 24 HRS. 7c. DATE PRONOUNCED DE AD	11 7 1985 6 PM		
SARY, PEASE ERAL DIRECTOR OR YOUR FILES. THIN 72 HOURS RESTON TREET	7a. B	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED X NEVER MA	ARRIED 🔲	OR COUNTY OF DEATH		
高品の高さ	Ma 0. C	ryland TY OR TOWN OF DEATH		ITAL, NURSING HOMI	WIDOWED DIVO	DRCED U Baltim 120 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	Ore City, MD E OF WORK 178 KIND OF BUSINESS OR INDUSTRY		
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F AND	Ma		timore	Ruxton	134 INSIDE CITY LIMIT	1413 Malver	n Ave. 21204		
RE. MC	11	ATHER'S NAME FIRST H	MIDDLE arold	Magee,		MIDDLE	Edwards		
AFTER IN PACES IN COSTS IN COS	Ye		ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECURIT	4	ADDRESS e A. Magee- same			
	5	18 CAUSE OF DEATH (Enter	ISED RY.	or (o), (b), and (c).)		e m majee same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
NOW AND	1	117		AS A CONSEQUENCE					
W. PR SENCIL MINER TRAN OR RE		Conditions, if any, wl gove rise to immed couse (a) stating the un-	iote (b)	S A CONSEQUENCE	OF				
S, 201 ECUTE GF IN ND M KHON,		lying couse lost.	(c)	IT NOT BELATED TO THE TERM	LINAL DISEASE OR CONDITION GIVEN 1	N 8467 2 .			
ECORE ENDIN WEDIC ASA B ALTH A	NON				100	N PARI 5 IO			
WITAL RECORDS SHOULD BE EXE CHEF WEDLOG! EUSED AS A BUI IT OF HEALTH AN	CERTIFICATION	19a. DATE OF OPERATION	196, CONDITIO	on for which oper	ATION WAS PERFORMED?		20. AUTOPSY? YES ¥ □ NO □		
	AL CER	210. EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIBUTING CAUSE		MONTH DAY YEAR	?	RRED (ENTER NATURE OF INJURY IN ITEM 18) auto/auto impact	PART I OR PART 2)		
	MEDIC	214. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OI	FINJURY (AT HOME,	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE		
HAAAAA	1		norge of the remains descr	road ribed obove, held on	4000 Blk. A		d in my opinion		
EXAMINES: 1 CERTIFICATE, ULD BE FORV WITH THE SI	1	deoth resulted from: Noturol couses . Accident X, Suicide ., Homicide . Undetermined monner .,							
780772		ACTUAL SIGNATURE	Th	-	M.D. Assista		DATE SIGNED 11/8/85		
O MEDICA GECULT TH GEC 4 SHC O FUNERA FIFE DEATH	1		Gregory R. K			ll Penn St. Balt	o.MD.		
07/84 BP	(URIAL, CREMATION, REMOVA SPECIFY) 171al	11-11-85		METERY OR CREMATORY EV Valley	23d LOCATION CITYOR TOWN Cockeysville,	COUNTY STATE Balto., Md.		
25M DHMH - 17	24. F	UNERAL DIRECTOR	ADDRESS	1050 Y	ork Rd.	TE REC'D. BY REGISTRAR 256 REGI			
(VR A15 ME (5))	R	ick Towson Fur	eral Home	Inc. Towson	.Md. 21204	1 7 1 100	A THE RESERVE OF THE PARTY OF T		

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				STATE OF MAKILAND	8 5	3 1 0 7
2	1.	FOR STATE	DEPARTI	MENT OF HEALTH AND MENTAL HYG	SIENE	
3		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST OR PRINT)	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
		GEORGE	Robert	MALDEIS Sr.	NOVEMBER 22.	
	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
-	1	Male	Caucasian	Dec. 24, 1911		RS
12		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH
1	_	Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE CIT	Y
70	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	120 USUAL OCCUPATION	126. KIND OF BUSINESS
100	B.	ALTIMORE		KINS HOSPITAL	Painter	Metal
7:		AL RESIDENCE (IF NURSING HOME COL	PROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY. 13c CITY OR TOW		13e STREET ADDRESS / ZIP C	ODE
1	Ma		ford Jarrett	svilles NO Z	3917 Emric	k Lane 2108
n	14 FA	THER'S NAME	MIDDLE IAST	15 MOTHER'S MAIDEN NA	ME	1487
4	1		ellius Malde	is Amelia	MIODIE	Fischer
2	160 V	VAS DECEASED EVER IN U.S. A		JRITY NO. 17 INFORMANT	ADDRESS	
1	1	(ES, NO OR UNKNOWN) (IF YES, G	216-09-	8591 Dorothy K.	Maldeis	same as abou
		18 CAUSE OF DEATH (Enter of	inly one cause per line for (a), (b), an		. 1	APPROXIMATE INTERVA
-	-	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0) ACUTES E	Hood Loss / pre	ouncel	1/2/1
		DVIVLEDO	DUE TO, ORAS A CONSEQUI	ENCE OF 10 1 1	- 1	11/1
		Conditions, if any, which	(Ib) Truptur	ed Abdom. Aron	w therrysn	1 1/2/11
	100	gove rise to immediate couse (a), stating the	DUE TO, OR ASAA EQINSEQUI	ENCE DE 1 1		Vess
		underlying couse lost	(c) Athere	silerate Disla	se	y tell.
	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		GIVEN IN PART 110
	ō	CONGNAL	y away anse	ise, cerebrona	shalpensa	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH
_	E				YES NO	YES NO
1	100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	A IB PART (OR PART 2)
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	min.	19		
) di	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OF TOWN	COUNTY STA
	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFFICE, P	ARM ETC)	. /2	C-
		220.1 certify that (h) this hosp	oital) attended the deceased from	11/22 19 85		
		sow the deceased alive a	n 19 2 19 2 19 2 19 2 19 2 19 2 19 2 19	, and that in (my) (our) opinion	death occurred on the date and	hour and from the causes state
		226. SIGNATURE	WALL ATP	PECREE		22c. DATE SIGNED
		Hidell	myenn III	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	K 11/22/8
1	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	12e ADDRESS	لله ماد ال	- Dalt 21
1		Treate UV	V lycenant 1	10 Johns	psprung To	17 OKUMO 11
1	1		7			<u> </u>

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. HAT Burial

Mary's Cem.

Md.

236 LOCATION esvi

21084

above

STATE

126. KIND OF BUSINESS OR INDUSTRY Metal

24 FUNERAL DIRECTOR Gladden Kurtz

Jarrettsville,

250. DATE REC'D. BY REGISTRAR

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Ľ	REGISTRAR		CEI	RTIFICATE OF DEATH	REG. NO	0.	
		MID		LAST	20. DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR
T	EUM	119		MANOS		11 4 85	2 0 M
3. SI	EX	4. RACE			6. AGE (IN YEARS LAST BIR		
	Female	Whit			93	YRS	ATS THOURS MIN.
7a. E	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WH	AT COUNTRY?	ARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	Н
	Greece		'A wid	OWED DIVORCED			MD.
10 0	CITY OR TOWN OF DEATH						
1	Baltimore	John !	Ulaton	Hospital	Confectio.	nary Sto	re Owner
			CITY OR TOWN	13d INSIDE CITY LIMITS?			
_		timore	Parkville	YES NOXX	-	cott Court	Apt. C
N. C.	FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST
1	Philip					,	nknown)
			b. SOCIAL SECURITY				
L	ECEASED NAME FIRST MIDDLE LAST JOE DATE OF DEATH MONTH DAY YEAR JOE HOUR SHORT HOURS MINE JOE SHOULD HAVE AND ALL RESIDENCE (IF NURSING HOME OR OLD FIRST HOURS WISSING HOME OR OLD FIRST HOURS WISSING HOME OR OTHER INSTITUTION STREET ADDRESS AND HOURS STATE AND HOURS						
	gove rise to immediate couse (a), stating the	1 101 E	merren	a ulcohi			
NOIL							
CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	on for which oper	ATION WAS PERFORMED		IN CERTIFYING CAU	JSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.		EAR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	T 2)
MEDICAL	WHILE NOT WHILE				CITY OR TO	wn COUNTY	STATE
	saw the deceased alive a	4000	1 1985	_, and that in (my) (our) apinion	death occurred on the do	ote and hour and from	that (I) (we) lost the couses stated
	22b. SIGNAT	Read		ATTENDING _	MEDICAL STAI	FF III	ATE SIGNED
	22d PHYSICIAN'S NAME THE	REED		611 5- C	475, 51,	BAUBA	10 2123
23a.		L 23b. DATE	23c NAME	OF CEMETERY OR CREMATORY		COUNTY	STATE
	Burial	11/6/8	5 Greek	Orthodox Cem.	Baltim	ore Maru	land
		A Para		25a. DA1	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIG	NATURE
I	eonard J. Ruck,	Inc. 530	5 Harford	Road 21214 NOV	06 1085	النا ولايول	ndette

DHMH - 16 60M 7/84 (VRA 15, 4)

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njury, or ather troumat

TO FUNERAL DIRECTOR. After this certificate has been signed by the otten should be detached for use as the burial-tronsit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

If them 21 is marked or Item 18 server

IMPORTANT.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND

EPARTMENT	OF HE	ALTH AND	MENTAL	HYGIENE
CE	RTIFI	CATE OF	DEATH	

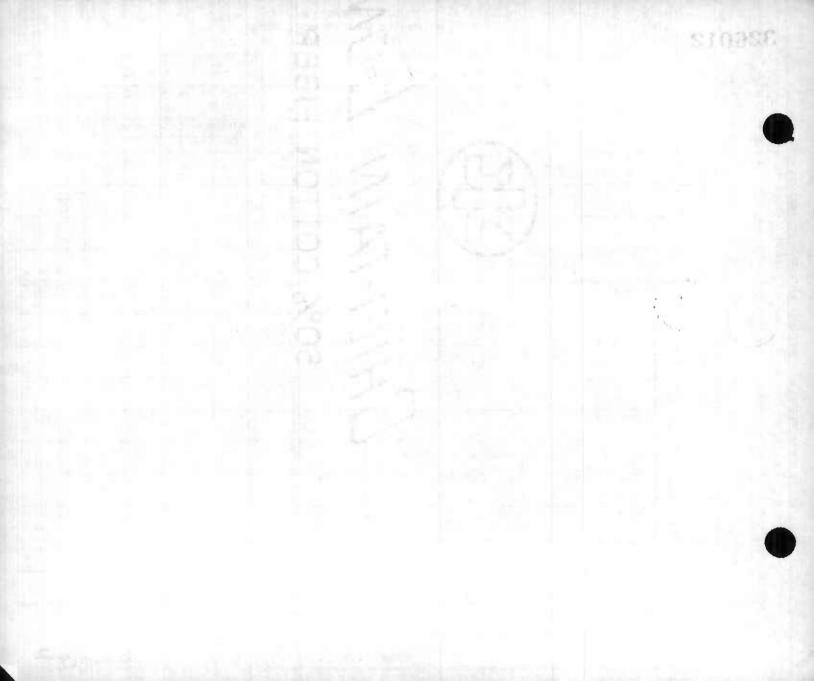
1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		
	ECEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH D		26 HOUR
{144	PE OR PRINT) SIERE	RA GARAGE	MAGGIE	- 1	MANUEL	/	0 - 8	0-85	3:15 N
3 SE	Female 0	4 RACE Pola	ele	S. DATE (6 AGE (IN YEARS LAST BIRT	YRS.	ONTHS DAYS	FUNDER 24 HRS HOURS MIN. 2 55
70. B	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76, CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOW!	D NEVER MARRIED X	9 BALTIMORE CITY OF Baltimor	_		MD
10 0	MGH. Balten	11. NAME OF		IG HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Not appli	WORKING LIFE		F BUSINESS OR
13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUN Maryland	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134 CITY OR TOW Baltimo	N	13d INSIDE CITY LIMITS?			2 er Stre	1216 et
14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WIDDLE		LAS	
	Wayne was deceased ever in u.s. ar		Manuel 16b. SOCIAL SECU	IRITY NO.	Terry 17 INFORMANT Medi	Angela cal Records	SSDenar	Crocke	ett _
	(YES, NO OR UNKNOWN) (IF YES, GIV N/A	/E WAR OR DATES)	N/A	-13	Md Gen'l Hos		_		21201
	18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA. Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, C	or as a conseque	ence of	mature lo	ton 22	ts 23	BETWEEN	MATÉ INTERVAL ONSET AND DÉATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT ((c) CONDITIONS <u>C</u>	ONTRIBUTING TO I	DE ATH BUT	F Cardel A NOT RELATED TO THE TERM ON WAS PERFORMED	AINAL DISEASE OR CONE 200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A	DF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES		NO []
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY FREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
1	22a.1 certify that (I) (this hasp sow the deceased alive an above, (I) (we) (did) (did no	10-30	2-85 19		nd that in (my) (aur) apinion	death occurred an the do	te and hour		that (I) (we) lost causes stated
	22b. SIGNATURE	-7	Swee	K	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC		22c. DATE	30-85
	22d PHYSICIAN'S NAME (TYPE OF Martha T.	Swee,	M.D.		c/o Maryla	and General	Hospin	tal	
23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	236 DATE 11/7		NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
24.	FUNERAL DIRECTOR				25a. DAT	TE REC'D. BY REGISTRAR	25b. REGISTR	RAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

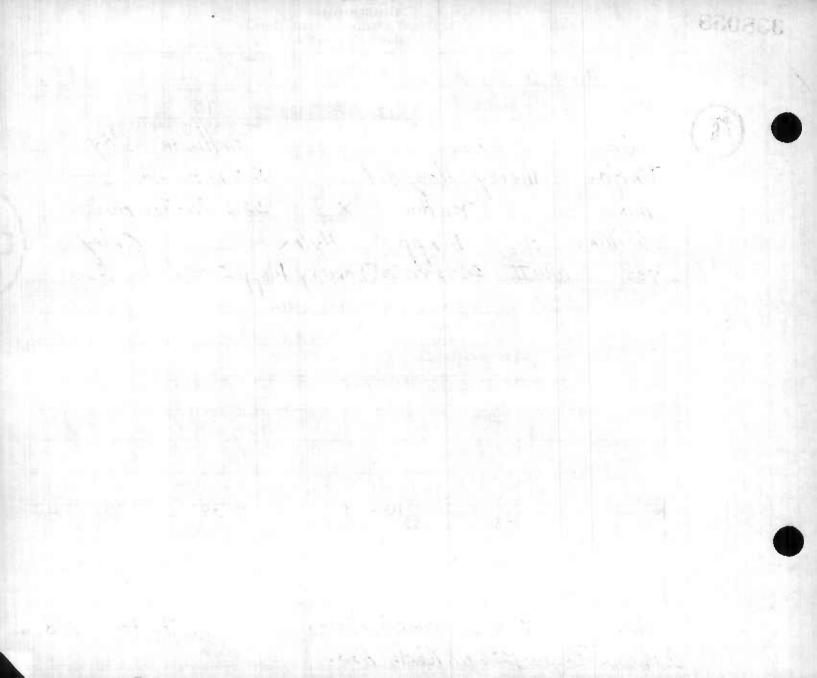
Anatomy Board

ADORESS Balto., Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Vavidson-Randelle

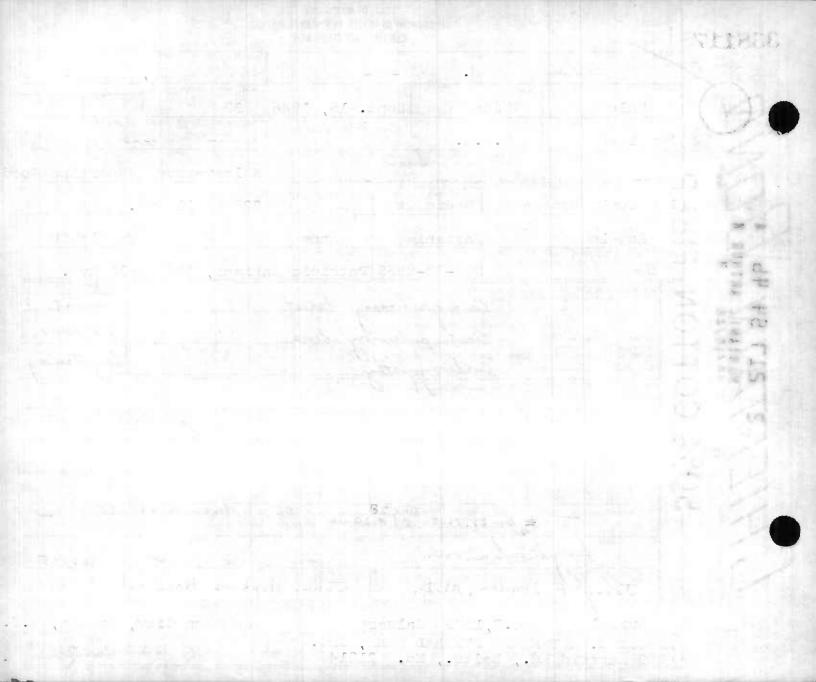


8	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND 3.5 3 1 0 9 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.					
		CEASED NAME FIRST WILL	MIDDLE II	MAPP	20 DATE OF DEATH MONTH	30 - 85 7 45		
	3. SE>		14. RACE BLACK	S. DATE OF BIRTH MONTH 12 - 4 - 1909	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 7		
2)		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CHIZEN OF WHAT COUNTRY?		BALTIMORE CITY OR COUNT	191		
5 /	0. CI	BAHO.	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND OF BUSINE INDUSTRY		
and the	ÜSUA 130 S	LERESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INST.	NO INSIDE CITY LIMITS?	13e STREET ADDRESS / 7TR 900	2/2/4 v Ave.		
examine	4 FA	THER'S NAME	H. MA	OD HVIAR	MIDDLE	Onley		
medicol		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? IM SOCIAL SET 2/6-/2-	2038 DOROTHY 1	MADD 2502 Live			
er froumofic event, f		PART I. DEATH WAS CAUS IMMEDI. Conditions, if ony, which gove rise to immediate couse Iol, stofing the	DUE TO, OR AS A CONSEQUE DIVINITION OF	zastrointestinal blee HENCE OF Itatic pancreatic	d cancer	APPROXIMATE INTER BETWEEN ONSET AND Z who		
o buriol, cr jury, or oth	Z	underlying couse lost. PART 2 OTHER SIGNIFICANT	(c)	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	IVEN IN PART Tra		
ows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEAT 'ES NO		
tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH D	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)		
n ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY S		
of Healt			on 11-30 19	, ond that in (our) opinion	death occurred on the date and ha			
VT: If Hen		226. SIGNATUR Jaw	Carrady ms	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED		
with the Sta		22d. PHYSICIAN'S NAME (14PE	SADY	22e ADDRESS MERCY	HOSPITAL			
	- (URIAL, CREMATION, REMOVA	1	NAME OF CEMETERY OF CREMATORY ARRISON FORCE	23d LOCATION CITYOR TOWN BA	170. M		
OM 7/84	24 FL	Illiam C. Bro	WN 1206 W. P.	7 // 1	TE REC'D. BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE		



		CEASED NAME	FIRST	MIDDLE		LAST	20 DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
Н	(TYPE	_	sephine	D	Mara	nto		11	8 85	5:30r
	3. SE)		4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEAR	RS (AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HE
	F	emale	Whi	te	May		8	36 YR:	MONTHS DAYS	HOURS
F		RTHPLACE (STATE OR FOR COUNTRY) Tryland		U.S.A.	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE	city <u>or</u> coun ltimore	NTY OF DEATH	
)	10 CI	TYORTOWN OF DEAT	(IF NOT	OF HOSPITAL, NURS IN SUCH FACILITY, GIVE STRE Agnes Hos	ET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORKIN	126. KIND	OF BUSINESS
5	-USUA 13a. S	AL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITU 36 COUNTY	IN CITY OR TO Baltime		13d. INSIDE CITY LIMITS? YES X NO	13e.STREET AD	DRESS / ZIP CO	ODE	1229
5	14 FA	THER'S NAME FIRST Salvatore	MIDDLE	Casc:	io	15. MOTHER'S MAIDEN NA	ME	MIDDLE	L	lorioso
		VAS DECEASED EVER IN	U.S. ARMED FORC		CURITY NO.	17 INFORMANT	11	35 Wedge	ewood Ro	ad
	No		(IF 1E3 GIVE WAN OR DAI	218-18	-5127	Charles Mar		ltimore		1229
			description of	direction of the same of the s						
		Conditions, if ony, some couse to imme couse to its stating underlying couse	which ediote the DUET	- Conc	is re	Septic She	gue och	DR CONDITION	GIVEN IN PART 1	
2	IFICATION	gove rise to imme	which ediote the DUET	o or speconsec	DENCE OF BUT BUT BUT	Septic She	200 AUTOP	SY? 20b. IF	CIYEN IN PART 1 YES, WERE FIND RTIFYING CAUSE	INGS USED S OF DEATH?
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217		gove rise to imme couse tot, stating underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA LIFETIMEN NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOTIFY MEDICA AT WORK 22a. I certify that Unit sow the deceased obove. Univerlight (1)	which ediote the DUET lost lost lost lost lost lost lost lost	CONSEQUENCE ON CONTRIBUTING TO CONDITION FOR WHICE OF INJURY IR A.M. MONTH P.M. ACE OF INJURY ME. STREET, FACTORY, OFFICE OF the deceosed from the deceosed	DAY YEAR 19 E FARM, ETC.)	POLICE Share TO THE TERM PLANT OF THE TERM PLANT	200 AUTOP	SY? 20b. IF IN CEF	YES, WERE FIND RTIFYING CAUSE YES IB PART TOR PART 2) COUNTY	INGS USED S OF DEATH? NO []
27		gove rise to imme couse to in me couse to i, stating underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK 14 WORK 22a.1 certify that 1/16 sow the deceased	which ediote the lost	CONSEQUENCE ON CONTRIBUTING TO CONDITION FOR WHICE OF INJURY IR A.M. MONTH P.M. ACE OF INJURY ME. STREET, FACTORY, OFFICE OF the deceosed from the deceosed	DAY YEAR 19 E FARM, ETC.)	PICTURE STORE TO THE TERM OF T	200 AUTOP: YES NED (ENTER NATULE) To deoth occurred of	SY? 20b. IF IN CEF	YES, WERE FIND RTIFYING CAUSE YES IB PART 1 OR PART 2) COUNTY 171, DAT	INGS USED S OF DEATH? NO STATE
		GOVE rise to imme couse 101, stating underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (LIF EITHER NOTHY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK 22a. I certify that Ur(1) sow the doceosed obove. Ur(we) (die 22b. SIGNATURE	which ediote the DUE 1651 EICANT CONDITION 19b. CI REVING 19b. CI REVING 17b. CI REVING 17	ME OF INJURY ME OF INJURY ME STREET, FACTORY, OFFICE The deceased from Me	DAY YEAR 19 E FARM, ETC.)	POLICE SHOP IN USE TERM OF THE	200 AUTOP: YES N RED (ENTERNATU) death occurred of the death occurred occur	SY? 20b. IF IN CEF IN C	YES, WERE FIND RTIFYING CAUSE YES IB PART I OR PART ?) COUNTY hour ond from the	INGS USED S OF DEATH? NO STATE state , that we we lie e couses stated
	WEDICAL WEDICAL	GOVE rise to imme couse 101, stating underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (LIF EITHER NOTHY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK 22a. I certify that Ur(1) sow the doceosed obove. Ur(we) (die 22b. SIGNATURE	which ediote the DUE	ME OF INJURY ME OF INJURY ME OF INJURY ME STREET, FACTORY, OFFICE ME DE TONO	DAY YEAR 19 E FARM, ETC.)	PROTECT STATES OF THE TERM OF	200 AUTOP: YES NED CENTER NATULA RED CENTER NATULA MEDICAL DIRECTOR HOSPITAL 1336 LOCATI	20b. IF IN CEF NO TOWN RE OF INJURY IN ITEM CITY OR TOWN STAFF PHYSICIAN L, Balti	YES, WERE FIND RTIFYING CAUSE YES IB PART I OR PART ?) COUNTY hour ond from the	INGS USED S OF DEATH? NO STATE state , that we we lie e couses stated

THE STATE OF THE



		FOR		DEPARTMENT O	FHEALT	H AND MENTAL H	YGIEND	0	13 7	0
200440	1-	STATE REGISTRAR	ME	DICAL EXAM	NER'S	CERTIFICATE O	F DEATH	REG. NO.		
322110	1. DE	CEASED NAME FIRST		MIDDLE		LAST		WNXX MONTH	DAY YEAR	Zb. HOUR
w v	(17)	FOR PRINT					OF ES DEATH MA			
S NECESSARY, PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. ED, WITHIN 72 HOURS I W PRESTON STREET.	3 SEX	Grego	IS DATE OF BIRTH	ugene		arine NDER 1 YR. IF UNDER		MONTH.	1/11/9 85	V 110110
S S S S S S S S S S S S S S S S S S S			MONTH DAY	YEAR LAST BIRT	HDAY) MON		MIN PRONOUNCED)	201	12:3
TON TON	M	В	4 1		YRS.		DEAD	1	1/11/1985	AN
A SEE	70. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MARI	RIED NEVER MARRI	EDX 9 BALTIMORE	CITY OR COUN	TY OF DEATH	
ZE SE		ryland	U.S.A	A.		WED DIVORC	ED 🗆 Baltim	ore City	y ,	ME
S. RETAIN PAGE 5 S. SHOULD BE FILED, AL RECORDS, 201 W	10. C	TY OR TOWN OF DEATH	II. NAME OF HO	SPITAL, NURSING HO		HER INSTITUTION	12e USUAL OCCUPATION		126 KIND OF BU OR INDUST	JSINESS
		Baltimore		E. North			Unemploy		OK INDUST	KT
RDS -		AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADM	ISSION)			Cu	2121	16
585		TATE 13b. COUR	VIY	Baltimo	1	13d. INSIDE CITY LIMITS?	13ª STREET ADDRESS	7.1.0		
~		ryland —		Baltimo	те	YES X NO	2322 Rig	ys Ave	Apt.	IA
	14. F/	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDE	N NAME MIDDLE		_ tast	
300	Gı	regory	E.	Ruckor		Ossie		I	Anderso	n
Z	16a. \	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	A	DDRESS		
2	no		WAR ON DATES	unknowr	1	Ossie Ha	mpton 281	0 Harle	em Ave.	
DIVISION		18 CAUSE OF DEATH (Enter o	nly one couse per line	e for (a), (b), and (c),)			*		APPROXIMAT	
R ALONG WI VSIT PERMIT. I HYGIENE, DI		PART I DEATH WAS CAUSE	D BY:		+ 147011	nd of Head			BETWEEN ONSE	T AND DEATH
ULD BE EXECUTED WITHIN 24 F. "PENDING" IN PENCIL IN ITEA FF. MEDICAL EXAMINER ALON SED AS A BURIAL - IRANISI PER HEALTH AND MENTAL HYGIEL AL, CREMATION, OR REMOVAL		couse (o) stoting the <u>under</u> lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS	(c)	BUT NOT RELATED TO THE T	ÎT.	SE OR CONDITION GIVEN IN PAI	RT 1 (a).			1 3 X
RWARDED TO THE CHIEF MEDING TO THE CHIEF MEDING TO THE LED AS AS AS ANOUND BE USED AS AS AT THE DEPARTMENT OF HEALTH OF STATE DEPARTMENT OF BURIAL, CREA	MEDICAL CERTIFICATION	19a, DATE OF OPERATION	III CONDI	TION FOR WHICH OF	PERATION	WAS PERFORMED?			2D AUTOPSY	2
NA PAR	5									
3 1	E	210. EXTERNAL CAUSE WAS	21b. TIME O	£ INTURY	121. 1	OW IN HIRV OCCUPRE	D LENTER NATURE OF INJURY II		YES X	NO 🗆
2	2	UNDERLYING XOR	HOUR A.A	A. MONTH DAY YE	AR			N IIEM 18 PART I OR P	ART 2)	
Š-	NA N	CONTRIBUTING CAUSE OF		AM 11/11/9		ubject shot				
P	WED	214 INJURY OCCURRED WHILE NOT WHILE	STREET EAC	OF INJURY (AT HOME TORY, FARM, ETC.)		OCATION STREET	CITY OR TOWN	C	OUNTY	STATE
2		AT WORK AT WORK	X	treet	70	0 Blk. E. N	orth Ave.,	Balto. (City, Md.	
AFIEK DEATH, WITH THE STA BALTIMORE, MARYLAND, 212		22a. I certify that I took chart	the remains de	scribed above, held or	n Auto	w		, ond in my o		177.3
Z			rol colses .	1		Homicide X			pinion	
RY		dean resulted from: Non	murayses L.,	Accident .	Spicide		Undetermined monne	٠		
× ×		ACTUAL /	11211 -	18/7	110 1	Davis (GPECIFY)		DATE		1 /05
W -		SIGNATURE	well co	100	MUCH	Dep. Chief	MEDICAL EXAMINE	R SIGN		1/85
S /		EXAMINER'S NAME								
ALT.		(TYPE OR PRINT)Tho	mas D. Sm			ADDRESS 111 P				
മ്	23a.B	URIAL, CREMATION, REMOVAL	11-15-8	23c. NAME OF		OR CREMATORY	ARBUTUS	CO	UNIY MARYI	MINIT
			11-12-8:	5 ARBU	1105	MEM. PK.				MND
7		UNERAL DIRECTOR	ADDRESS	5		1101	REC'D. BY REGISTRAR 2	- The Control of the		
(5))	W	.C. MARCH F/H	1 CO. 1	101 E. No	orth	Ave. NOV	1 4 1985	Salan Angelia	sor-y indel	
1										

EPARTMENT C	F HEALTH	AND MENTAL	HYGIENE
CER	TIFICATE	OF DEATH	

-	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO.	1 0 9 9
311092		CEASED NAME FIRST Ethel	N	AIDDIE	MI	AST ARK	20 DATE OF DEATH MONTH DA	Y YEAR 26. HOUR -
oge 4 mo. rector, pa	3 SE	F EMALE	1 RACE CauCA		S. DATE O	. 011111	XXX 93 YRS	UNDER 1 YEAR IF UNDER 24 HRS
deoth. Po	1	IRTHPLACE (STATE ORFOREIGN	U.	WHAT COUNTRY?	WIDOWE	- 40	Baltimore	City MD.
n by the fe filed with		Balto City	(IF NOT IN SUCI	HEACILITY, GIVE STREET	ADDRESS)	r Other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	AT HOME
y filled in should be errors b	13a	AL RESIDENCE (IF NURSING HOME OF		Balto		13d. INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS / ZIP CODE 3330 Clarks	Lane Appl
ed with	14 6	MECHEL	MIDDIE	FRANKE	L	ບ່ວ້າຮ	MIDDLE	KRIEG LAST
Poges, Poges,	(VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES?	212-50-			RS. NORMA MAFFE 6502 BAYTHORNE RD.	#21209 BALTO., MD
ng physicic bon paper rremovol.	>	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	D BY	Plob A		CECTASINE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Z WW
not the death by the attend sse remove co cremation, on ather troumat		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEOU	sen	2 syson m	(468
requires the signed or signed. Then plec or to buriol or injury, or	TION	ASOND CHEO	are Resp	al ranking			PMINAL DISEASE OR CONDITION GIVE	
The law cron. e has be e has be giene primhaws on)	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?
SICIAN: T ng physici certificate ririol-transi ental Hygi	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.A	M. MONTH D	AY YEAR		IRRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
NG PHY ottendia fiter this as the but th and M	MED	21d INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE C	OF INJURY EET FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDIO or ATTENDIO or DIRECTOR: A school for use Dept. of Heol		220.1 certify that (I) (this hosp saw the deceased olive ar abave, (D)(we) (did) and no	11-7	10		d that in (our) opinio	n death accurred an the date and hour	that (I) (we) lost and from the couses stated
ral OR y the ho y the ho RAL DIRE detached detached to the Dept.		22b. SIGNATURE	e com				MEDICAL STAFF DIRECTOR PHYSICIAN	11-3-65
TO HOSPITAL (retained by the TO FUNERAL Is should be detained with the State IMPPORTANT; if		22d. PHYSICIAN'S NAME AYPE	OR PRINT)			220 ADDRESS 2434 W @	SELVEDELE AVE; BA	TO 21295
BP	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE NOV. 4, 1	1985 SH		TFILOH	BAL TEMORE	COUNTIMARYLANDIE

DHMH - 16 60M 7/B4 (VRA 15, 4)

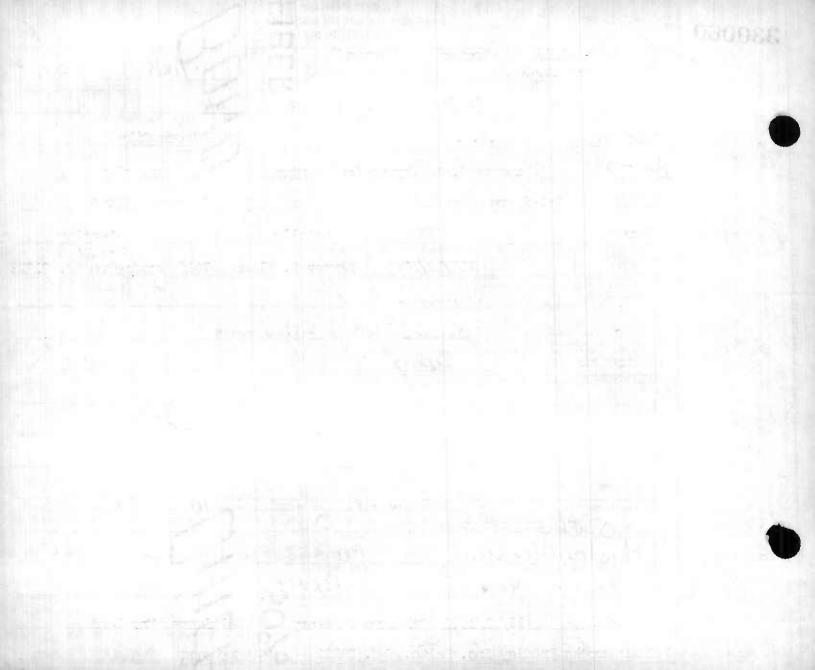
SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

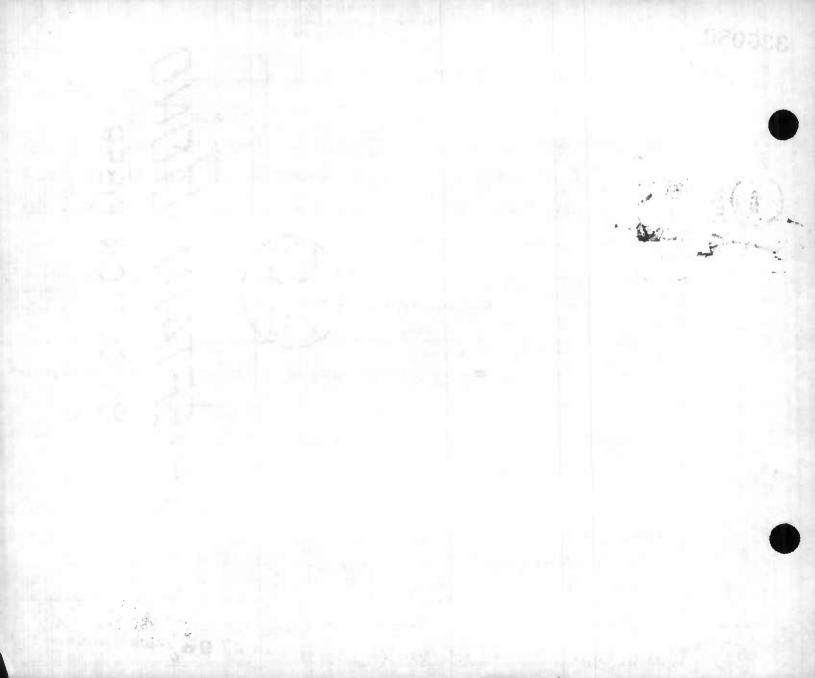
21215



The region of the second of th

330060	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	3 1 1 0 2
	1. DECEASED NAME LAVIN	ia Charles	Marshall	20 DATE OF DEATH MONTH	DAY YEAR 25. HOUR
e 4 may be ctar, page 3 caffer death	(TYPE OR PRINT)	avinia	Marshall	11/18/8	5 12:n R
moy fer do	3. SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYFAR IF UNDER 24 HRS
Page 4 director after	Female	White	12 14 20	64 YRS	
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
death.	Maryland	U.S.A.	WIDOWED DIVORCED		
by the fur filed with	BALTO.	(IE NOT IN SUCH FACILITY, GIVE STREET Frances Scott K	ev Medical Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOME	126 KIND OF BUSINESS OR INDUSTRY
icate be more mary Land 2 120 yasican medical and 2 should be fill val.	USUAL RESIDENCE (# NURSING HOA 136 STATE 136 C Maryland B	AF OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR OUNTY 13c. CITY OR TOW altimore Dundalk	YES NO	130.STREET ADDRESS / ZIP CO 6902 Ridgeway	DE 21222
36 ond 2 sh	Leroy	MIDDLE Hill	15. MOTHER'S MAIDEN N FIRST Estelle	MIDDLE	Wheatley
Poges 7	16 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1E YE	S. GIVE WAR OR DATES)		ADDRESS	(Apt.D)
S. Po	No	217/18/9	761 Lavean E.	Allen 7016 Mon	nington Rd. 21222
ren ap h	PART I. DEATH WAS CA	er only one couse per line for (a), (b), or USED BY: DIATE CAUSE (a)	Harrist		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death cert e attending emove carbo mation, ar re	Canditions, if any, which	DUE TO, OR AS A CONSEQUE	uestebral Subl	yxalion	11/85
Se cres of the	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU	ENCE OF		11/1/85
guire guire fhen to bu		NT CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION G	IVEN IN PART Tra
DIVISION OF VITAL RECORDS, UDING PHYSICIAN: The law requir or attending physician. it. After this certificate has been signized on the burial-transit permit. Then seath and Mantal Hygiene prior to be somative or the seath and	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
NOF VITA SICIAN: TI ing physicia certificate urial-transit Aental Hygi		EDEATH HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM I	3 PART I OR PART 2)
DIVISION OF PHYSIC OF other this cer as the band ment on the morked or the	OR CONTRIBUTING CAUSE OF CAUSE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TOWN	COUNTY STATE
Z g g E	220.1 certify that (1) (this h	e on	10 18 85 , 19	n death occurred on the date and hi	our and from the causes stated
AL OR ATTEN the hospital AL DIRECTOR detached for us ore Dept. of He	276 SIGNATURE	Mac Kung	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/18/85
TO HOSPITAL OR retained by the h TO FUNERAL DIR should be detach with the State Dep	7heodor	11.	FSKM C		
116	236 BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY STATE
BP./417	Burial	11/21/1985 Oa	k Lawn Cemetery	Baltimore Marie Rec'p. By Registrarizs, Regi	ryland
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR	ADDRESS			
(VRA 15, 4)	Walter Brooks 1	Bradley Inc. Balto	., Md. 21222	VOV 2.2 1005 44	Marie Marcha P. Company





the funeral director, page 3 d within 72 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 DF	REGISTRAR CEASED NAME FIRST	WIOOFE	I I	AST	REG. N		DAY YEAR	2b HOUR
	Garland	Lee	Mon	rtin Sr.	November		1985	a
3. SE.		4 RACE	5 DATE C		6. AGE LIN YEARS LAST BI		IF UNDER I YEAR	
J. JL.	and the second s		MONTH	OAY YEAR		1110/11	MONTHS DAYS	HOURS MI
	Male	White		t. 20, 1904	81	YRS		
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
-	North Carolina	U.S.A.	WIDOWE		Balti	more	City	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY_GIVE ST	IREET AOORESS)		12a USUAL OCCUPAT			OF BUSINESS
	Baltimore	Good Same	aritan l	Hospital	Ret. Frei			
USU.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN			13d INSIDECITY LIMITS?	13e STREET ADDRESS	_		1 1 1 1 1 1 1
100.	Maryland		imore	YES X NO	2610 R	osela	awn Aven	ue 212
14. FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA				
	Moses	B. Mar	tin	Emma.	R.		LA	ST
16a \	WAS DECEASED EVER IN U.S. ARA			17 INFORMANT	ADDR	FSS		
	YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)					7 A.	- 040
	ies ww li	C.G. 212-10	0-8692	Gladys E. B	Martin 2610	Rose		e. 212
	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	EQUENCE OF					
TION	gove rise to immediate couse (0), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE	EQUENCE OF		minal disease or con			
ICATION	gave rise to immediate couse (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSE	EQUENCE OF		MINAL DISEASE OR CON	20b. IF Y	ES, WERE FIND!	NGS USED
THICATION	gove rise to immediate couse (0), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE	EQUENCE OF			20b. IF Y		NGS USED
CAL CERTIFICATION	gove rise to immediate couse (0), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH	EQUENCE OF		200 AÜTÖPSY? YES NO [X]	20b. IF Y	YES, WERE FINDE TIFYING CAUSES YES []	NGS USED S OF DEATH?
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove cort with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

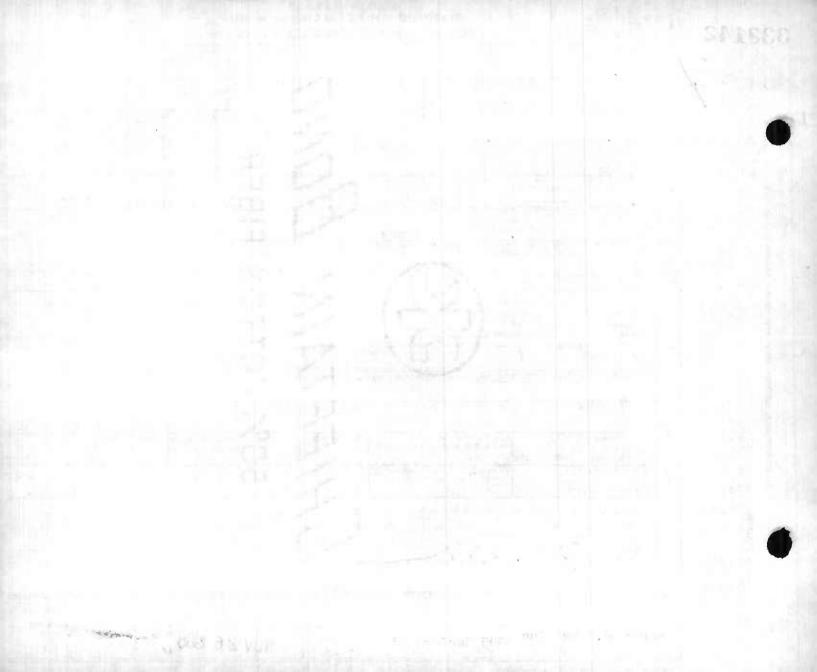
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Anatomy Board

FOR

REGISTRAR

L DECEASED NAME

- STATE

LIVEE OF BRILLY

337082

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH 03 Matthew SNOVEMBER F UNDER 24 HRS **BALTIMORE CITY OR COUNTY OF DEATH** 126 KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE! Army 13e.STREET ADDRESS / ZIP CODE 100 N. Breadway BOND21231 Tonque 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 COUNTY 22c DATE SIGNED NOV 24,1985 PHYSICIAN DIRECTOR PHYSICIAN CHURCH HOSPITAL CORPORATION, 100 N BROADWAY, BALTIMORE, MD. COUNTY STATE 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS Balto., Md.

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(r death. Page 4 n	funeral director. ithin 72 hours afte
MARYLAND 21201	orted Charles to offe	omparentiate by the
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with the death. Page 4 in med by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campillated to use as the burial-transit permit. Then please remove carbon papers. Pages for use as the burial-transit permit. Then please remove carbon papers. Pages for the carbon pages for the burial-transit permit.
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DHMH - 16 60M 7/84		JNERAL DIRECTOR			25a. DA1	TE REC'D. BY REGISTRAR	256 REGISTRAF	'S SIGNATI	JRE
(VRA 15, 4)	LI	ubhard Funoral	Home, Inc. 4107	Wilkens	29	AAA 1 2 1880	42		,
		minato constat	THURS TIP . STU/	ANTIVETIO	DVE				

FOR - STATE REGISTRAR DECEASED NAME

NELLIE

13b: CO

Female TO BIRTHPLACE (STATE OF FOREIGN Maryland 10. CITY OR TOWN OF DEATH Balto. SUAL RESIDENCE (IF NURSING HOME

(TYPE OR PRINT)

3 SEX

13a. STATE

STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYGIENS

	WIDDLE	MAY		20. DATE OF DEATH	11/06/	85	25 HOU 6:50	R and
Ī	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST !		IF UNDER 1 YEAR	IF UNDER	
	White	11 29	97	87	YRS	ONTHS DAYS	HOURS	MIN.
	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
	U.S.	WIDOWEDX D	NORCED	Balto.	City			MD
	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INS STREET ADDRESS)	TITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		12b. KIND C INDUSTRY	F BUSINE	SSOR
	St. Agnes	Hosp.		Homemake	r			

Ma.	Balto	Catonsville	TES NO M	Caton and	WIIKens Ave.
A. FATHER'S NAME	-		15. MOTHER'S MAIDEN NAME		
FIRST	MIDDLE	ŁAST	FIRST	MIDDLE	LAST
James	J.	Kearns	Blanche		Hook

ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 524 N.Charles St. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-14-0381 Mr. Lester E. Duncan Balto., Md. No

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (0), stating the underlying couse last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	200 AUTOPSY?		CERTIFYING CAUSES OF DEATH?		
			YES 🗌	NO	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTERNAT	URE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	- 0	CITY OR TOW	000 1 00	STAIE
22a.1 certify tho (1) (this hospital)	ottended the deceased from	1, 19 8.)	_, to	1 a Dash	C C 6 87	, that (I) we) as

9 19 and that in (my) our popinion death accurred on the date and hour and from the causes stated

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23b DATE 11/6/85

ADDRESS

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR NAME (VRA 15, 4)

Anatomy Board

REMOVAL

Balto., Md.

NOV 7 1985

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DHMH - 16 60M 7/84

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Mentol Hygi

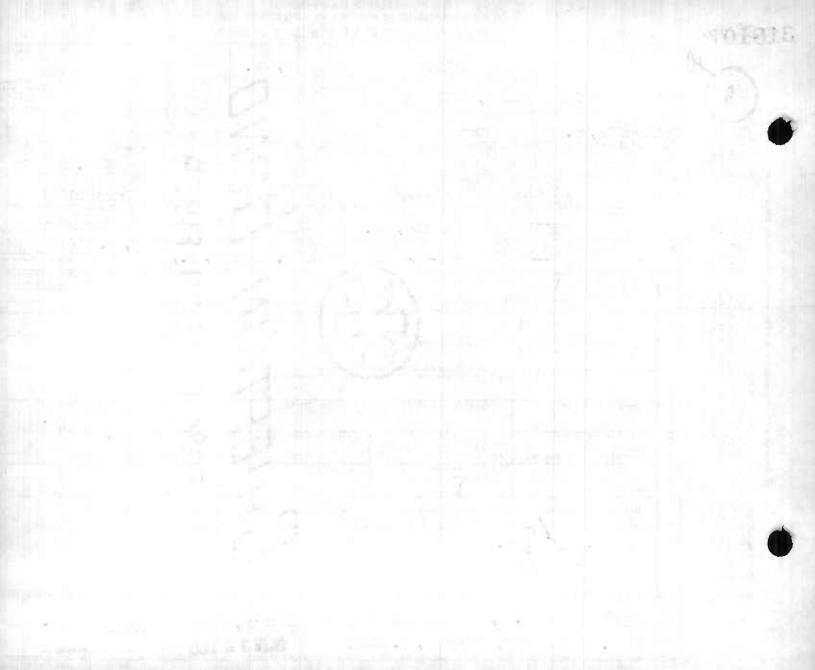
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		1-	FOR STATE		DE	PARTMENT C	OF HEALTH	AND MENTAL H	TYGIENE	2	0 1	1 1	1
3250)29		REGISTRAR		MEDI	CAL EXAM	INER'S C	ERTIFICATE C		REG. N			
	/		EASED NAME	FIRST	٨	AIDDLE	1.	LAST	20. DA	TE KNOWN	HTMOM X	DAY YEAR	26 HOUR
DELAY IS NECESSARY, PLEASE 31 TO THE EUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. D BE FILED, WITHIN 73HOURS	ニカ	(ITP)	OR PRINT)	Jimmy	vs. Jam	100	VS. N	AcBride CBryde, Jr		TH MATED		169 85	
PLEASE ECTOR. FILES. HOURS	REE	1 SEX	4. RAC	E I D	ATE OF BIRTH	6 AGE (II	N YEARS IF UN	DER 1 YR. IF UNDER		ATE	MONTH		7d HOUR
UNERAL DIRECTOR IS FOR YOUR IS WITHIN 73HK	المقا		14		ONTH DAY	YEAR LAST BIR	RTHDAY) MONTH		MIN. PRON	OUNCED	11	16, 85	24 HOUR 5"49P
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E	27/	FO	REIGN COUNTRY)		CITIZEN OF WHA	COUNTRY?	MARRI	ED NEVER MARR	IEDX Y. BAI	TIMORE CITY	OK COUNTY	OF DEATH	
3	30	N.			U.S.A.		WIDOWI		ED 🗆	Balt	imore	City,	MD.
ED	2	10. CT	Y OR TOWN OF DEA	ATH 11.	NAME OF HOSPI	TAL, NURSING HO		ER INSTITUTION		CUPATION (TY WORKING LIFE)	PE OF WORK 12	OR INDUSTRY	INESS
EF	500		Baltimo	ro		pkins Ho			N/A	WORKING LIFE)		OK INDUSTRY	- 1
0	RECORDS		L RESIDENCE (IF IN NU	RSING HOME OR OTH	ER INSTITUTION. GIVE I	ESIDENCE BEFORE ADM	AISSION)						
5	公石	13e. S1	ryland	136 COUNTY		Do I to m	N	13d. INSIDE CITY LIMITS?	21257 AF	DRESS	d Road	d 21218	2
É	<u>a</u>					Baltimo	ore	YES NO		-CLL-LOI-	a node	2 2 2 2 1	
50	5	14. FA	THER'S NAME	MIC	DDLE	LAST		15. MOTHER'S MAID!	ENNAME	MIDDLE		LAST	
Ę	300		ames				r.	Lizzie				cAllist	ter
ES 1 A	2/	16e V	AS DECEASED EVER	IN U.S. ARMED	FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRES	S		100
Š	5	1	10			Unkno	wn	Larry 1	Floyd :	Box 6	St.Pa	ul N.C	
į	Dis		18 CAUSE OF DEAT	H (Enter only an	e cause per line fo	r (a) (b) and (c))						APPROXIMATE IN	NTERVAL
	岁		PART I DEATH W	AS CALISED BY								BETWEEN ONSET A	ND DEATH
34	SE VA			IMMEDIATE CA	AUSE Hangir	A CONSEQUENC	Cr or						
IAL - TRANSIT	WHY.		Conditions, if c	anu which	DUE TO, OR AS	A CONSEQUENT	CE OF						
SAN	RE		gove rise to		(b)								
	Z O		cause (o) stoting lying couse lost.	the <u>under-</u>	DUE TO, OR AS	A CONSEQUENCE	CE OF						
	N N		lying couse lost.		(c)								
200	DEPARTMENT OF HEALTH AND MENTAL HYGIENE II PRIOR TO BURIAL, CREMATION, OR REMOVAL		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE 1	TERMINAL DISEASE	OR CONDITION GIVEN IN PA	PT 1 (a)				
V	EM	Z		1									
AC	A O	CERTIFICATION	190. DATE OF OPERA	TION	TISE CONDITIO	N FOR WHICH O	PERATION W	AS PERFORMED?				20 AUTOPSY?	
	A SA	FIC											-
2	F 8 1	E	216 EXTERNAL CAUS	SEWAS	11h THAT OF IN	HIII	In uc						NO []
35	₩2-<	C	UNDERLYING X		HOUR	JURY MONTH DAY Y	EAR ZIC. HO	W INJURY OCCURRE	ED (ENTER NATURE O	OF INJURY IN ITEM 18	J PART I OR PART 2	2)	
5	ART	MEDICAL	CONTRIBUTING	CAUSE OF DEAT		11 1619	85 Su	bject hand	ged self				
5	P. P. P.	ED	21d INJURY OCCURE	RÉD	21e PLACE OF STREET, FACTOR	INJURY (AT HOME	211 LOC	ATION					
3	1ATE (2120)	2	WHILE NOT AT W	WHILE X	jai		Fac	ern Distri		Edi con	COUNT Ut.R. D		STATE MID
3									CC/ 1020	LUISON	. Ilwy,D	articit	Y PID
2	보 일		220. I certify that I	toak charge of	the remains descri	bed abave, hild o	n Autops	y . Inspectio	ın, İnqı	Jiry L, a	ind in my apin	ian	
Ş	E S		deoth resulted from	Nayirol cg	fixes A	199 1	Suicibe K	Homicide	Undetermine	d manner	,		
2	AR.		1	//	1	1114	1	TITLE (SPECIFY)					
1	IX		ACTUAL	1 10	Mar	(/ /) My	a.	Acting Ch	niefor	V 4 14 15 15 15	DATE SIGNED.	11/17	/85
TO FUNERAL DIRECTOR	N SE	2	/	/		1	~ C	D. Accessing Ci	ALCMEDICALE.	XAMINER	SIGNED.	11/11/	703
5	NA NA	-	EXAMINER'S NAME	Thomas	D. Smith	MD)	111 De	enn St.	Palto	MD		
0	AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		(TYPE OR PRINT)								IID.		
-	< €	73a. BL (S	IRIAL, CREMATION, R		=	23c. NAME OF		CREMATORY	23d. LÓCATIC CITY OR TOWN		COUNTY		
			BURIAL	11	-23-85	CHU	RCH CI	EMETERY	ROBI	ERTSON	CO, N.	· CAROL	INE
Н	- 17	24. FL	NERAL DIRECTOR		ADDRESS			25e. DATE		TRAR 256 REG	SISTRAR'S SIG	NATURE	
	AE (5))	1	V.C. MAR	CH F/H		101 E.	NORTH	AVE. NO	7 1 9 70	75	े त्या हिस्स्य		
								ALV AND IT	- A THE R. P. LEWIS CO., LANSING, MICH.	48.7		420.	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

39085	1 -	FOR STATE REGISTRAR	DEF	REG. NO.						
y be age 3 death		CEASED NAME FIRST OR PRINTED BATHATA	MIDDLE	Ma	C9//	20 DATE OF DEATH MONTH	2.7 85 8-5	ROA M		
lage 4 mo	3. SE	emale RTHPLACE (STATE OR FOR FIGN	4 RACE White The CITIZEN OF WHAT COUNTY	MONI	DF BIRTH DAY PEAR 1 27 04	6. AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COL	IF UNDER 1 YEAR IF UNDER MONTHS DATS HOURS	24 HR5 MIN.		
death.	M	ountry) aryland TY OR TOWN OF DEATH	U.S.A.	MARRIE WIDOW	ED NEVER MARRIED DE DIVORCED DOR OTHER INSTITUTION	BALTIMO	RE CITY	MD.		
ors often	6	ALTO.	CIFNOT IN SUCH FACILITY, GIVE LUTHERAL ROTHER INSTITUTION, GIVE RESIDENCE	STREET ADDRESS)	2	Inspector		ackwe		
in 24 ho		TATE 136 COU			134 INSIDE CITY LIMITS? YES L NO X	13e.STREET ADDRESS / ZIP C 2808 Gray Man	or Terrace 2	1222		
ored with	$I_{\rm F}$	rank_		sal	Mary	MIDDLE	Cada			
be exect			ve war or dates)	20-9114	Henry J. Mc	Call 7806 DeE				
ertificate physics on perecision th		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly ane cause per line far (a), (ED BY: TE CAUSE (a)	12cme	disordo	V	APPROXIMATE INTER BETWEEN ONSET AND	DEATH		
deoth ce		Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF	brain	domoge	3-44	2		
thot the		couse (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF	(1)		3.44	<i>/</i> -		
en signe Then p or to bur	TION	PART 2 OTHER SIGNIFICANT	HSCUD		12.5	IN AL DISEASE OR CONDITION				
ian. he law ian. hos bee it permit iene pric	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATIO		YES NO NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATI YES \(\text{NO PC} \)			
og physic certificat riol-trans ental Hyg	100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTE	H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE)	w 18 PART (OR PART 2)	1		
ottendir ottendir fter this os the bu h and M orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY 51	TATE		
Spiral or Spiral or CTOR: A Ifor use of Health		220. It certify that (1) (this hospital) attended the deceased fram 11 7 19 83 to 12 19 85, that (1) (we) last saw the deceased alive an 17 19 85, and that in (my) (aur) opinion death occurred on the date and from the causes stated above, (1) (we) (did) (did not) view the body after death.								
At OR 7 the har the har the har the har the detached at Dept. IT: If them		Donature Degree ATTENDING MEDICAL STAFF 11/77								
con HOSPITAL etained by to TO FUNERAL should be de- with the State		DMATUI	ORPRINT) M M M/		501D	ophin St,	BoltoMP.	7		
BP		urial, cremation, removal specify) Burial	11/30/85	1-12-1	ill Cemetery	Havre de Gr	ace Mary	land		
DHMH - 16 60M 7/84 (VRA 15, 4)		NERAL DIRECTOR Duda-	AUC	ryland	21222 250 DATE	E-REC'D. BY REGISTRAR 25h, RE	GISTRAR'S SIGNATURE	of the		

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5		E 0	9 00	- Le

STATE OF MARYLAND - STATE CERTIFICATE OF DEATH REGISTRAR LAST I. DECEASED NAME

MARIE

7% CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
3524 Woodland Ave

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Mc CANN

5. DATE OF BIRTH

5

MONTH

WIDOWED .

REG. NO 7a. DATE OF DEATH 26 HOUR 11-1-85 5.15 IF UNDER 1 YEAR 6 AGE (IN YEARS LAST BIRTHDAY) YEAR 17 1898 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED City 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120. USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Machine Operator Catalyst Res. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 3524 Woodland Ave. Md. Balto. YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lucille Fletcher Hall 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN)

(IF YES GIVE WAR OR DATES) Lucille Witte 3542 Woodland Ave. 212-26-8814-A

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Irun IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION

19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 70m AUTOPSY? 706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [71g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21e. PLACE OF INJURY

21f LOCATION CITY OF TOWN STREET AT HOME STREET FACTORY OFFICE FARM ETC)

WHILE NOT WHILE AT WORK 22a 1 certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceased olive on above, (1) DEGREE 22c DATE SIGNED

Meadowridge Mem. Park

22e ADDRESS

7111 Park Heights Ave

PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

Seymour H. Rubin 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Burial 74 FUNERAL DIRECTOR

FOR

TYPE OR PRINTS

COUNTRY

no

Female

10. BIRTHPLACE (STATE OR FOREIGN

Md.

Baltimore

10. CITY OR TOWN OF DEATH

KATHERINE

4 RACE

Female

USA

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OR TOWN

Buree-Henss Funeral Home 3631 Falls Rd, 21211

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Howard

Md.

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MPORTANT:

should be detoo DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

. 24, 1911 DAVIES LOTET GALLA Ag attack 225 and the Builde: 274 16 6703 23. G.T.Y. G UL II 1 3273 ME. 30/35 ADVIS A.R. L. E.J. (B.J.) W. 1. C. C. 45.7 r. c. t. C. c. 1. L.

330105

1. DECEASED NAME

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.			
20 DATE OF DEATH MONTH		1985	340 P
6. AGE (IN YEARS LAST BIRTHDAY)	IF L	NDER 1 YEAR	IF UNDER 24 HR

(TYPE OR PRINT)	JOYCE	А	RLENE	М	c COY		MOVEMB	SP3	20,1785	340	PM
3 SEX FEMALE		4. RACE BLACK		S. DATE C	OAY	1938	6. AGE (IN YEARS LAST BIR	HDAY)	IF UNDER 1 YEAR	IF UNDER 2	24 HRS MIN.
TO. BIRTHPLACE (STATE		PO CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER	MARRIED .	BALTIMORE CITY O	R COUN	TY OF DEATH		MD.
10. CITY OR TOWN OF			HEACILITY, GIVE STREET A	ADDRESS)	R OTHER IN	STITUTION	120 USUAL OCCUPATI	F WORKING			
USUAL RESIDENCE (IF I	13b COU		GIVE RESIDENCE BEFORE	N	13d INSIDE	CITY LIMITS?	130 STREET ADDRESS		DDE		
14 FATHER'S NAME FIRST John		MIDDLE	Lindse	y	15. MOTHER	Albert			Moster	i 1	
160 WAS DECEASED EN		RMED FORCES?	166 SOCIAL SECU 219-26-5		17. INFORM Albert	a Davis	Baltimore 1625 N. W		,		
18 CAUSE OF DE PART I. DEATE	H WAS CAUS	TE CAUSE (6)		مرو رو	regeer	ive He	FAILURGE FAILURGE		01	CARS	
Canditions, if a gave rise to couse (a), st underlying co	immediate	(b)	R AS A CONSEQUE	Con	385711	E CAR	DIOUKOPATH	Υ	~ 3	YEAR	2
	SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	OITION (GIVEN IN PART 10	a l	
19a DATE OF OPE	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?		YES, WERE FINDING TIFYING CAUSES		H?
210. ACCIDENT WAS	UNDERLYING [216. TIME C	FINJURY	W W . =	21c. HOW I	NJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM	IS PART I OR PART 2)		

OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME, STREET FACTORY, OFFICE FARM ETC.)

220.1 certify that (1) (this hospital attended the deceased from JUNE Moremen 200 and that in/my our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MARK M. BORKERLO MD

MERCY HOSPITAL 3015T PAUL PLACE

	4 - 4 - 4 - 4				-110.
BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CEMETERY OR CREMATORY	23d LOCATION		
I SPECIFY)			CITY OR TOWN	COUNTY	STATE
Burial	11/25/1985	Arbutus Memorial Park		Baltimore,	Maryland

24 FUNERCLE Sons Funeral Home, Inc. 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

BY REGISTRAR 251 REGISTRAR'S SIGNATURE 12 Variacon-parcale

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

23a

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		42	THE OF BEATT	REG. NO		
	EASED NAME FIRST	WIDDLE	l	AST	20. DATE OF DEATH MON	TH DAY YEAR 2b	HOUR
111111	Willie	е	Mo	Crae	November 19	9, 1985	٨
3. SEX		4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDA		JNDER 24 HRS
	Male	Black	3	2.8 1.6	69	YRS	MIN.
	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	Y? 8.	NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
- (1	S. C.	USA	WIDOWE		Baltimore C	ity,	WE
10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATION	RKING LIFET INDUSTRY	JSINESS OR
	ltimore	2501 Violet A	venue		CONSTRUCTI	ON	
USUAI 13a ST		OTHER INSTITUTION GIVE RESIDENCE BE		113d INSIDE CITY LIMITS?	1134 STREET ADDRESS Z 718	CODE	
Mai	ryland	Baltim	ore'	YES NO	2561 AV 18 12	t Ave. 21	215
14 FAT	HER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM		LAST	
	Willie	McCrea		11031	Unknown		
	AS DECEASED EVER IN U.S. AR	F 11110 CO D 1750:		17. INFORMANT	ADDRESS	1	
n		247-2	0-097	Ruby McCr	ae 2208 Pin	ewood Ave.	111
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b)	ond ic.	0.1.0	1	APPROXIMATE BETWEEN ONSE	TAND DEATH
		TE CAUSE (0) OVODO	she Mu	rocardial in	tarction		
		DUE TO, OR AS A CONSE	QUENCE OF /	1	1	200	
	Conditions, if ony, which	(16) Afero	scleret	(Covonar,	Veggel Break	ce	
	gove rise to immediate cause (a), stating the	DUE TO OR AS A CONSE	DUENCE OF	,			
	underlying couse last.	1 10 Mah		used Diabet	es and long	petatron	
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 110	
CERTIFICATION							
CAI	90 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED		LIFYES, WERE FINDINGS CERTIFYING CAUSES OF	
EL					YES NO	YES 🗌 N	10 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	LICIUS A AA AACAATII	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	TEM 18 PART I OR PART 2)	
S E	LIE EITHER NOTIFY MEDICAL EXAMINE	AIR	19				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFI	CE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK						
1	22a I certify that (1) (this hasp	ital) attended the deceased fra	m	19 83	, to	, 19_85, that	(I) (we) lost
	saw, the deceased alive on	ot) view the body offer death.	, or	nd that in (my) (aur) opinion	death occurred on the date o	nd hour and from the caus	ies stoted
	TIL SUSTINATION	Oll-		DEGREE		22c DATE SIG	NED
	Van	m Affilia	N	ATTENDING PHYSICIAN &	MEDICAL STAFF	11/00/	55
	THE PHYSIGIAN'S NAME INTO	A Course		22e ADDRESS	0 1		
	Llarry/ m	-Harris		300Armone	Vous Be	H. Ad. 2120	1
	IRIAL, CREMATION, EMOVAL	23b. DATE 2	C. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		-
[5]	Burial	11/23/85	Balt	imore Cem.		ore Md.	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR

should be detoched for use as the burial-transit permit. Then please remove c with the State Dept. af Health and Mental Hygiene priar to burial, cremation.

IMPORTANT: If Item 21 is morked or Item 18 shows

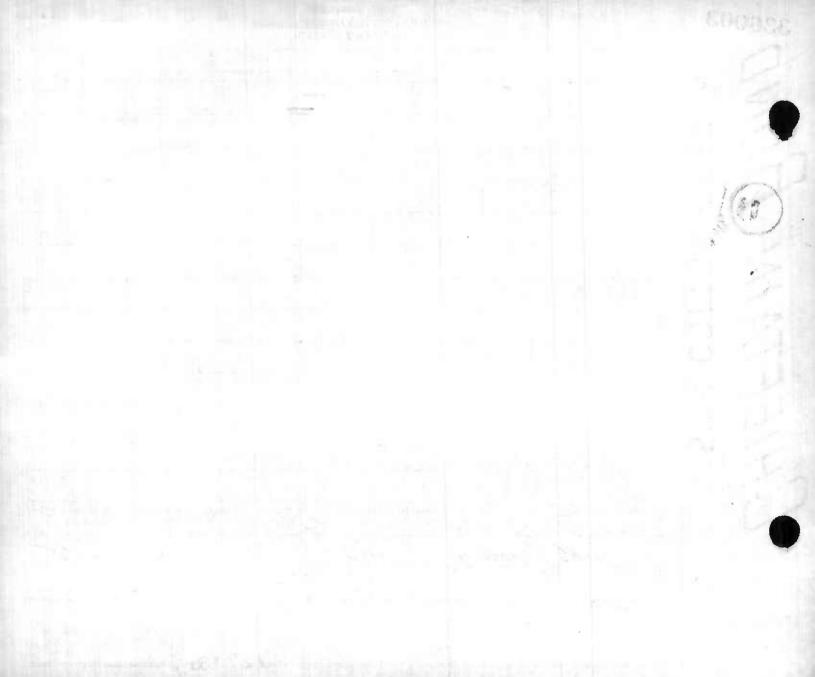
After this certificate has been signed by

Burial 11/23/85 Baltimor

Parch Funeral Homes 1101 East North Avenue

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAL USE 100 PM

Baltimore Md.



		FOR O_	ER 13e, PEP. I	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG	8 5	3 2
26039	1.	STATE 11-21-85	D.W.		FICATE OF DEATH		
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O HOSPIT. etoined by TO FUNER. should be d with the Sto		- 1					HUSPITHL
		BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF	CEMETERY OR CREMATORY	236 LOCATION CITY OR LOWN	COUNTY
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DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR		DORESS		E REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
(VRA 15, 4)	1	Anatomy B	oard ',	Bal	to., Md.	0 10000	A CARLOLIN



318078	1 -	FOR STATE REGISTRAR		DEI		IEALTH AND MENTAL HYC	REG. N	10.			Gr 20 (11-08
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oth. P		OUNTRY)	115	n	MARRIE	D NEVER MARRIED	BaltoCIT	/			
B 5 6 6/	10 (TY OR TOWN OF DEATH	II NAME O	E HOSPITAL N	WIDOW	DR OTHER INSTITUTION	120 USUAL OCCUPAT	HON	Liz	F KIND O	MD. OF BUSINESS OR
s ofter of the filled with fil	10.0	and man	(IF NOT IN S	SUCH FACILITY, GIV	STREET ADDRESS)		(TYPE OF WORK FOR MOST	OF WORKIN		DUSTRY	1 00311 1E33 OK
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ING PHYSICIAN: The low requires that the death certificate be exeguted within a hears contending physician. When this certificate has been signed by the attending physician and complete, filter in by as the buriolatronsin permit. Then please remove corbon papers. Pages Inoldity is useful than Amental Hygiene prior to buriol, cremation, or removal.	13a. S	STATE DISB. COU		13c CITY O		13d INSIDE CITY LIMITS?	136 STREET ADDRESS 1738 CARSW	/ ZIP CO	ODE STRE	ET 2	1218
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s, 20 gne gne buri ry, o	_	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NOITION	GIVEN IN	PART 110	٥
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beer ony	S	190 DATE OF OPERATION	19b CON	IDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?				OF DEATH?
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STATE OF MARYLAND

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hos hos hos hed hes hed her her hem		226 SIGNATURE	1 .	1.1		DEGREE				22c. DATE	SIGNED		
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TO HOSPITA retoined by TO FUNERA should be di with the Sto IMPORTANT		PANO	dra	L. HOW	ard ms	. 1600	5.	CharL	45	St.			
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STATE OF MARYLAND

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	C OR PRINTI	Brian)	J.	MC	Glinchy	OF DEAT	H MATED	11/19	9/19 85	,
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16a. \	WAS DECEASE	DEVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECUR		17. INFORMANT		ADDRESS	UIIK	TIOMII	
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	lying cau		DOE TO, OK	AS A CONSEQUENC	E OF						
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	220. I certi	fy that I taak charg	e of the remain esc	ribed abave, held an	Autop	sy XX, Inspect	tian . Inqui	y and	in my apiniar	1	
-	death result	ed fram: Natur	al cause	Adeidem	Suicide 🗌	, Hamicide	Undetermined	manner .			
	· CTUAL		VE	N		TITLE (SPECIFY)					
	ACTUAL SIGNATURE.		1	/	M	.D. Assista	nt_MEDICAL EX	AMINER	DATE SIGNED	11/20)/85
/	EXAMINER'S	NAME									
	(TYPE OR PRI	NT) Grec	gory R. Ka	uffman, M	.D.	ADDRESS	111 Pe	nn St.			
23 o. B	URIAL, CREMA	TION, REMOVAL 2	3b DATE	23c. NAME OF C	EMETERY O	RCREMATORY	23d LOCATION		COUNTY	SI	TATE
	Bur	rial	11/23/85	Cedar	Hill (Cemetery	Brookly		A.A.	Mary	
24. F	UNERAL DIREC	TOR	ADDRESS		21229	25a. DAT	E REC'D. BY REGIST		TRAR'S SIGN	ATURE	Min.
В	ubbard	Funeral 1	Home, Inc.	4107 Wil	kens i	Ave.	JV 22 190	9	Annual Saletines, a	S. B Sr	

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FOR STATE			DEPARTMENT				0		1 60 0
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TYPE OR PRINT)			Mc GR		OF OF	ESTI-		20 1100
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Mary			Baltimor		YES NO	- I	Woodye	ar St.	21217
14. FATHER'S I	VAME	WIDDLE	LAST	15	MOTHER'S MAID		MIDDLE		LAST
J.	EASED EVER IN U.S. AR	W.	McGriff	DITY NO. 17	Marga	aret	- ADDRESS		yburn
(YES, NO, OR	UNKNOWN) IF YES, GIVE	E WAR OR DATES)	and the second second	4-2				urson D	
No			249-44-8	-	Sylvia M.	. McGriff	Chesap		
18 CAL	USE OF DEATH (Enter or	DRV				New years		BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEAT
1.00		TE CAUSE (o)	Arterioscl	erotic (Cardiovas	scular Di	sease		
			R AS A CONSEQUEN	CE OF					
	nditions, if any, which ve rise to immediate								
cau	use (a) stating the <u>under-</u> ng couse last.		R AS A CONSEQUEN	CE OF					
<u> </u>	ig coose (as).	(c)							
	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIVEN IN P	ART I a			77/21
P 180 DA	TE OF OPERATION	TIEL COND	OITION FOR WHICH O	DE DA TIONI VAZA C	DEDECODALED?			100	AUTOPSY?
5		, TO CONE		- ENATION TYPE	LENI OWNED.			120	
19a DA	TERNAL CAUSE WAS	21b. TIME C	OF INJURY	121r HOW	INTERY OCCUPE	ED LENTER NATURE OF	INHIBY IN ITEM 19 0	PART I OR PART 21	YES X NO
	LYING OR	HOUR A.	M. MONTH DAY Y	EAR	JON OCCORR	FP (ee.v (av) ove O		rum (PRI 2)	
0	IBUTING CAUSE OF		M. 19 OF INJURY (AT HOME		TION				
WHILE	ORK DECORRED		CTORY, FARM, ETC.)	STREE		CITY OR	TOWN	COUNTY	STATE
ATWO	RK AT WORK								
22a	I certify that I took charg	ge of the remains de	escribed abave, held a	n Autopsy	X, Inspection	on , Inqui	ry . and	d in my opinion	
death	resulted from: Natu	stous X.	Accident,	Suicide .	Hamicide .	Undetermined	monner,		
	1	10/			TITLE (SPECIFY)				
SIGNA		- V		M.D.	Assistar	nt MEDICAL EX	AMINER	DATE SIGNED	11/11/85
EVALLE	NER'S NAME	/							
	OR PRINT) Gr	egory R.	Kauffman,	M.D. AD	DRESS	111 Penr	St.		
- (SPECIFY)	REMATION, REMOVAL			CEMETERY OR C	REMATORY	23d LOCATION	4	COUNTY	STATE
Burial		11-15-85	Baltim	ore Ceme	etery	Balti	more Ci	ty. MD.	
24 FUNERAL NAME		ADDRES		21220	25a. DATE	REC'D. BY REGIST	RAR 256 REGIS	STRAR'S SIGNA	TURE
Marsha	ll W. Jones	s, Jr. FH	4101 Edmon	dson Ave	. NO	V 13 198	5	A STATE OF THE	-

Mark Long Const. 1931 34 6 - Lyn,

DIEL TEN FIG12 -Jo maybook .W full X grassisiaf or and DEFECT OF OV -C NO THE 1861 244 44-35 Sylvin M. McGrill Greenpeane, Vo.2342

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Item 18

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MPORTANT

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 HOUR P LAST 20 DATE OF DEATH MONTH DECEASED NAME FIRST (TYPE OR PRINT) 9:05 Joanna Mc Harris November 1. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX MONT 49 Female Black 36 BALTIMORE CITY OR COUNTY OF DEATH Ja. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania U. S. A. WIDOWED - DIVORCED Baltimore City 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Nurse Aide Maryland General Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1003 W. Fayette St. 2/223 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore Maryland YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Alfred Addie Stroble Mathews 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 165-40-8856 Addie Mathews 5542 Delanceu St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY RESPIRATORY FAILURE IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF ADULT RESPIRATORY DISTRESS SYNDROME Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost SEPSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION ANOXIC ENCEPHALOPATHY 20h IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED (Cesarean Section) 20a AUTOPSY? 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? Failure to progress July 29, 1985 NOX 210 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 71d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC) WHILE NOT WHILE AT WORK 22a. I certify that XIX (this haspital) attended the deceased from Julu 29 85 to November 1 19 85 19. sow the deceased alive on November 1 19 85, and that in (My) (our) opinion death occurred on the date and hour and from the causes stated above. (New) (did) (during) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE STAFF MEDICAL ATTENDING 11/1/85 PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (WIPE OR PRINT) 22e ADDRESS

Langenfelder, M.D. Katherine

23b. DATE

Savin Funeral Home 802 N/ 12th St. Phila. PA

23a. BURIAL, CREMATION, REMOVAL

c/o Maryland General Hospital 23c. NAME OF CEMETERY OR CREMATORY

11-9-85 Burial Mt. Peace Cemetery 1348 N. C ALHOOK ST 250. DATE REC'D. BY REGISTRAN 256 REGISTRAN CHERK 24 FUNERAL DIRECTOR

Philadelphia

DHMH - 16 60M 7/B4 (VRA 15. 4)



FOR

Maryland 14 FATHER'S NAME

CERTIFICATION

MEDICAL

morked or Item 18

IMPORTANT.

filled in by the funeral director page 3 outd be filed within 72 hours after death

STATE OF MARYLAND DEPAR

[MEN]	T OF	HEALTH	AND	MENTAL HYGIENE	
CE	RT	FICATE	OF	DEATH	DE.

15 MOTHER'S MAIDEN NAME

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH D	DAY YEAR	26 HOUR
ROBERI		MC KITTRICK	11 13	85	4:00A M
3. SEX	4. RACE	5. DATE OF BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS
Male	White	11 5 1914	70 YRS	NONTHS BATS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY	OF DEATH	
New York	U. S. A.	WIDOWED DIVORCED	BALTIMORE, CITY	Y	MD.
10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY	F BUSINESS OR
Baltimore	VAMC, BALTIMORE	MARYLAND	Laborer	U.S.	Govermen
USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO		N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	2	1239
Maryland	Baltimo	re YESX NO	1523 Pent Rid	ige Roa	d

Joseph			McKittrick Mary						Cor	coran		
WAS DECEASE	DEVER IN U.S. ARMED FOR				17 INFORMANT			ADE	RESS	21061		
Yes	(IF TES, OIVE WAR ON D	1(5)			Russ	Russell		7Central	Ave.	Glen	Burinie	e,M
Conditions,	if any, which to immediate	10, OR A 16) P	EPSI AS A CONSE NEUM	S EOUENCE OF ON IA	INOMA	OF	THE			861	PPROXIMATE INTERV WEEN ONSET AND D	AL EATH
	ER SIGNIFICANT CONDITIO	107		CARCI					NIDITION 6	10/5×10/10	D7.1	

20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

I certify that x (this has sow the deceased alive above, y (we) (did) (did)					 19_85 that (IXwe) last and from the couses stated
MORLA	X	Costren	MD	ATTENDING MEDIC	221. DATE SIGNED

angela & Cosben	mo	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	11/	13/
20 PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRE	SS		

COK187 N 230. BURIAL, CREMATION, REMOVAL

11-16-85

3900 LOCH RAVEN BLVD. BALTIMORE MARYLAND

MIDDLE

Staint Mary's Cemetery Fort Edward, Washington, N.Y. NOV 14 1005

24 FUNERAL DIRECTOR

(SPECIFY)

Marzullo Funeral Service

Burial

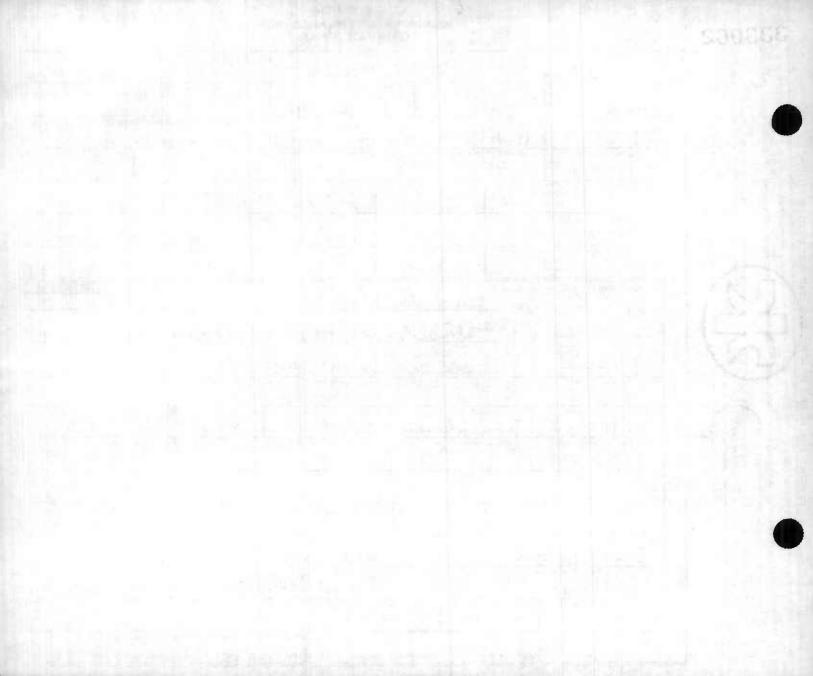
ADDRESS Upperco.Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

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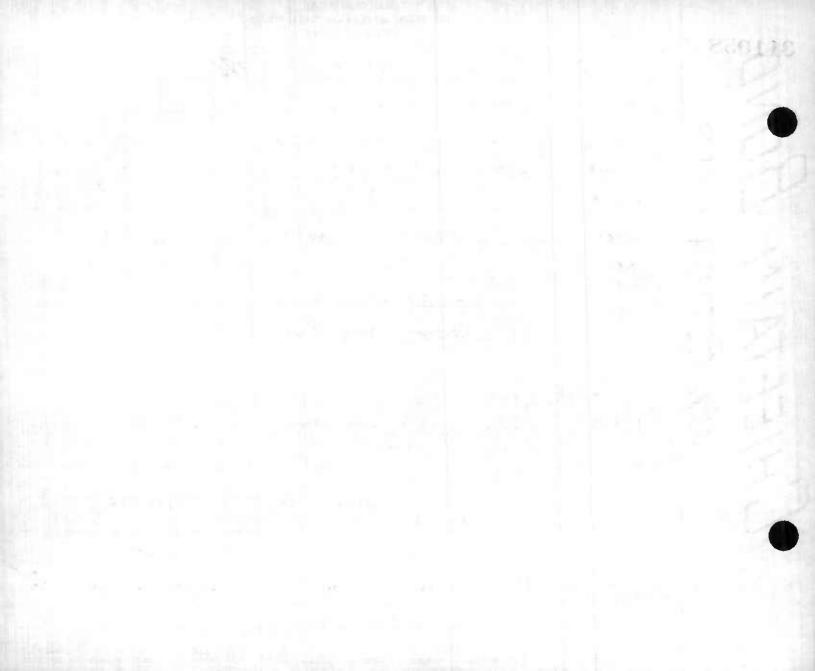
O FUNERAL DIRECTOR:

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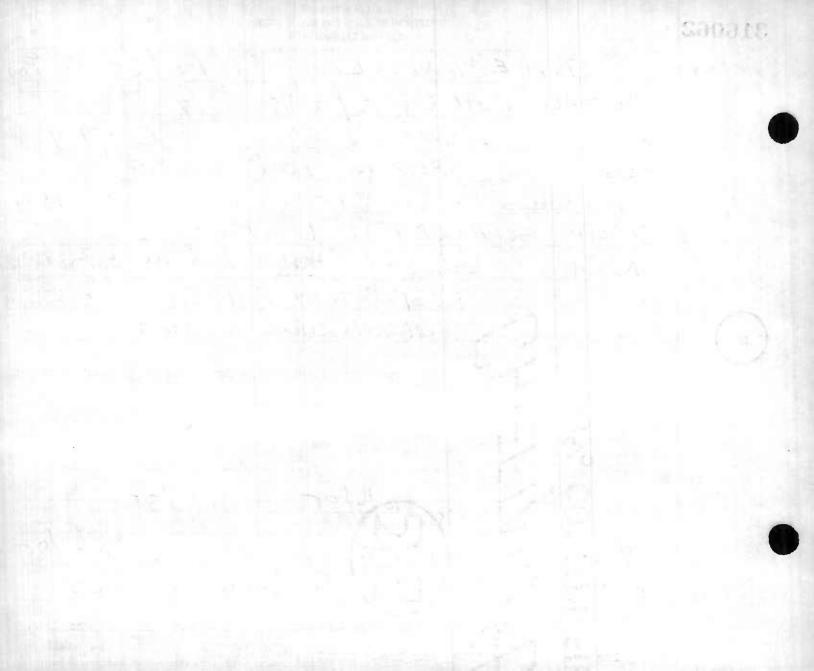


4058	1 -	FOR STATE REGISTRAR	DEP	STATE OF MARYL ARTMENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIENE	8 5 REG. NO.	3	2 9
boge 3		Claydo	MIDDLE	(Mac Me)	LIKECHARITE	TE OF DEATH MONTH	DAY YEAR	26 HOUR
ge 4 may ectar. po us after d	3. SE		4 RACE Wlack	5. DATE OF BIRTH	YEAR 6 AGE	67	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
8 PO 17		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED L NEVER	9 BAL	TIMORE CITY OR COU		MD
by the funeral filed within 72 notified at one	10 CI	3 altinore.	11. NAME OF HOSPITAL, NI (IF NOT INSUCH FACILITY, GIVE	JRSING HOME OR OTHER INS	TITUTION 12a US	SUAL OCCUPATION OF WORK FOR MOST OF WORKING ELINED	NG LIFE) INDUSTRY	+ Bank
filled in lould be for	130 5	RESIDENCE (IF NURSING HOME O TATE Pay land. 136 COU	ROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION) TOWN 13d INSIDE (CITY LIMITS? 13e.STR	REET ADDRESS / ZIP C	ODE 2/	217 505
and 2 sh	14. F.A	THER'S NAME FIRST	MIDDLE	Neil 15 MOTHER	S MAIDEN NAME	WIDOLE	Rug	1 ·
n oad Poge		VAS DECEASED EVER IN U.S. AF ES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL 245-	SECURITY NO. 17 INFORM		19 Kennison	Road ?	J
ng physicio rbon papers r removal. ic event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per line for (a), (ED BY: TE CAUSE (o)		Pailure.		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
of the deoth y the attend se remotion, o cremotion, o		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.	DUE TO, OR AS A CONS (b) COCO DUE TO, OR AS A CONS	vary artery	disease.			
n signed Then pli ta buri injury, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED	D TO THE TERMINAL DI	SEASE OR CONDITION	GIVEN IN PART 110	D
te has been sit permit.	CERTIFICATION	10 25/85	Iddevocarcina		olom YES	□ NO IN CE	F YES, WERE FINDIN ERTIFYING CAUSES YES	NGS USED OF DEATH?
S OOT S	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	R) P.M.	DAY YEAR		ITER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)	
fter this certificos the burial-tr th and Mental orked or Item	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		T.	CITY OR TOWN	COUNTY	STATE
d for use			111.	19.65, and that in (my) (our) opinion death of	ccurred on the dote and	hour and from the	
y the hospit RAL DIRECTO detached for intel Dept of intel Dept of		22b. SIGNATURY	half			ICAL STAFF ETOR PHYSICIAN	22c. DATE	SIGNED
TO FUNERAL IS should be deta with the State E		Gordon	M Telepu		Marzland	Hospital	, 22 5.6	reene St.
P		URIAL, CREMATION, REMOVAL SPECIFY) Cremation INERAL DIRECTOR	23b. DATE 11/4/85	23c NAME OF CEMETERY OR Westview Memo	rial Park	Catonsville		STATE Md
H - 16 60M 7/84 (VRA 15, 4)		lliam C. March	F/H West 4300) Wabash Avenus			, we a way way on	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 21201



316062	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 8 5 3	1 1 3 0
2 7 4	1. DECEASED NAME SARAH E	MCNEILL LAST	20. DATE OF CRAM	5 PM
oge 4 mo	Female ARACE	AUC S. DATE OF BIRTH	7 9 yrs.	FUNDER I YEAR HEUNDER 24 HRS
deoth Po	To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	WIDOWED DIVORCED		17 Y MD.
201 ors offer by the	Baltimore JUAL RESIDENCE IN NURSING HOME UN OTHER INSTITUTE	OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN SUCH FAMILITY OF STREET HOSPESS)	DE USUAL OCCUPATION UNPE OF WORK FOR MOST OF WORKING JETS HOUSELLS I FE	126 KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 2120 min be executed within 24 hours yieton and completely filled in b opers. Pogesy and 2 minid be fill inch. If the medical commencements are in	STATE BALTIMOTE M FATHER'S NAME	Edgemere YE NO 🛣	7428 Bayfront R	
ored with	TO'SEPH GET	PHARDTUA	KNOLL	LAST LAST
be exection and rs. Pages	(YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DAT	213-74-1977	ARD MCNEILL	HILLS'HIRE A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 542 1	18 CAUSE OF DEATH (Enter only one cous PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	RESPIRATORY	ARREST	S MI-U
W. PRESTON ST description the affection of the affectio	Conditions, if any, which gave rise to immediate	O, OR AS A CONSEQUENCE OF	R ACCIDENT	
RDS, 201 equires the agreed Their plant includy, ar		NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION GIVE	N IN PART 11a
At RECO	CTIFIC	ONDITION FOR WHICH OPERATION WAS PERFORMED	YES NO YES	
N OF VIII SECIAN. The physics certificat certificat underlying hermal Hyp. Bernal Hyp.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	URRED (ENTER NATURE OF INJURY IN ITEM TE PAR	() OR PART 7}
DIVISIO PARTE PER After this car the b With and A	AT WORK AT WORK	ME STREET, FACTORY, OFFICE, FARM, ETC STREET	CITY OR TOWN	COUNTY STATE
ATTEND Septited of ECTOR, and for old on 21 is a	220.1 certify that (1) (this haspital) attends sow the deceased alive an abave, (1) (we) (did) (did not) view the label. SIGNATURE	1 2 85 19 ond that in (my) (our) opinic	on death accurred an the date and haur	9, that (I) (we) lost and from the couses stated
PALOR PALOR PALOR PRALOR Stude Des	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	Samua MD ATTENDING PHYSICIAN 122 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	11/2/85
TO HOS	MICHAEL R	BARNETT SO B	SALTO GE~	HOSP
ВР	236. BUPAT, SREMATION, REMOVAL 23b. DAT	/5/1985 Oak Lawn Cemetery		Maryland AR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	7922 Wise Avenue Du	undalk, Maryland 21222	IV 0 6 1985	Hason-Admidalle



		FOR STATE				MENT OF H	EALTH		NTAL HY		5	3	200	1 3	-
23121		REGISTRAR	FIRST	MI	MIDDLE	EXAMINE					DATE KNOV	G. NO.	NTH DAY	Y YEAR	126 HOUR
E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. E) W. PRESTON STREET,		E OR PRINT)	Oli	ver				^s ¹ McRa ¹ ven)	ven		OF ESTI	D 0 1	1 12	19.85	M
No STREE	3 SE)	M	4. RACE B	5. DATE OF BIRTH		6. AGE (IN YEAR LAST BIRTHDAY 71 YRS	MONTH		HOURS		DATE NOUNCED DEAD	MON 1	1 12	Y YEAR	10:35
TAL RECORDS, 201 W. PREST		RTHPLACE (5) REIGN COUNTRY) . C.	ATE OR	76. CITIZEN OF V		TRY?	MARRIE	D NEVE	ER MARRIEL DIVORCEL		altimore o			DEATH	MD
00	10 C	altimor	e	11. NAME OF HO	SPITAL, NUR FACILITY, GIVE ST ETTI	REET ADDRESS)	EET	RINSTITUTI	ION I	FOR MOST	OCCUPATION OF WORKING LIF	(F)	ORK 12b K	CIND OF BU OR INDUSTE	SINESS
3/	13a. S	RESIDENCE TATE rylanc	136 COU	E OR OTHER INSTITUTION, O	13c. CITY	BEFORE ADMISSION OR TOWN Ltimor		13d INSIDE CITY Yes 🏗	Y LIMITS?	3e STREET 2209	ADDRESS Etti	ng St	reet	t 212	217
)C	U	THER'S NAME PIRST NKNOWY		MIDDLE		IAST			know		MIDDLE			LAST	
1	16a V	ES, NO, OR UNKNO	VEVER IN U.S. A	RMED FORCES? VE WAR OR DATES)		AL SECURITY		7. INFORMA Wil		Mae I	ADI Harri	son 2	2209	Etti	ng S
3, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	Condition gave ris cause (a) lying cau	is, if ony, which to immedio- stating the <u>unde</u> se last.	DUE TO, O	R AS A CON				n	1 10		4		tween onsei	
2	TIFICATIO	190 DATE OF	OPERATION	196. COND	Diabe	PTES WHICH OPERA	TION WA	AS PERFORM	AED?			ď	20	AUTOPSY?	NOX
LAL	MEDICAL CERTIFICATION	UNDERLYING	NG CAUSE O	F DEATH P.	M. MONTH	19	21c. HO		DCCURRED	LENTER NATU	RE OF INJURY IN I	TEM 1B PART 1 C	OR PART 2)	3	
	WE	WHILE AT WORK	NOT WHILE AT WORK		CTORY, FARM, ET			REET		CIT	Y OR TOWN	4.3	COUNTY		STATE
- 2	23o.B	270 I certi deoth results ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	y that I took cha		yth, M			Hamicid THE (SPI ASSIS	stant 11 Pei	Undetermi	ned monner EXAMINER Balt	D.	4D 21	1-13- 201	
-	BU	RIAL		11-18-		EDAR I		CEM	١.		ARUNE		/	MARY	LAND
7 (5))		NAME . C. MA	RCH F/H	i CO. 1		. NOR	гн а	VE.	NON	115°	985 256	PEGISTRA	R'S SIGNA	- Alada	DE.

E, MARYLAND 2120

DIVISION OF VITAL RECORDS, 20 TW. PRESTON ST

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	

L	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	DECEASED NAME FIRST		MIDDLE	I	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
Ľ	TYPE OR PRINTS JOH	N FRAN	CIS	MCTI	GHE	NOVEMBER	3.19	985	02:10AM
3	SEX	4. RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATE	
Г	MALE	WHIT	E	OCVO		63	YRS.	MONIAS	HOURS MIN.
170	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
1	IOWA	USA		WIDOWE		BALTIN	10RE	CITY	MD.
也	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
P	BALTIMORE	4	OHNS HOL		HOSPITAL	GUIDANCE C			SCHOOL
	SUAL RESIDENCE (IF NURSING HOME 3a. STATE 13b CC	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
1		HOWARD	COLUMBIA	14	YES X NO	10534 CRO			21044
1	FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA				AST
1/	FRANCIS MCTIGHE		(M31		MARIE	DONOVAN		E.	ASI
16	WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	(YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	325 16	9899	LUCILLE MCTI	GHE SAME AS	ABOU	F	
F	18. CAUSE OF DEATH (Enter	only one couse pe	line far (o), (b), and	d (c)					DXIMATE INTERVAL N ONSET AND DEATH
	PART I. DE ATH WAS CAL	JSED BY:	Cadiop		ary Arre	*+		6	O minutes
П			R AS A CONSEQUE		0				
ı	Canditions, if ony, which		Refracto		Ventricular	Arythmi	CAT	7	months
1	gove rise to immediate cause (a), stating the		R AS A CONSEQUE	NCE OF				20	
1	underlying couse last.	(c)	Corona		trtery Dise	vol.		20	Jears.
L	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	SEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	lia
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING					V	T		
	190 DATE OF OPERATION	196 COND	HION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FIND IFYING CAUSE	
					1	YES NO		res 🗌	NO 🗌
		110110		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	I IF EITHER NOTIFY MEDICAL EXAM	INER) P	Μ.	19					
	OR CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXAM		OF INJURY REET, FACTORY, OFFICE F.	ARM ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	AT WORK								
1	220 I certify that (1) (this has saw the deceased of the	ospital attended the	re deceased from	Noven		to Novemb		19_35	that (1) we) last
	abave, (1) [we) [did) [did	nat) view the body	after death.		nd that in (my) (aur) opinian	death accurred an the d	ate and ho		
Г	22b. SIGNATURE	>1/1			DEGREE	MEDICAL STA	FF \		E SIGNED
1	Maure	1 400	ul	N	PHYSICIAN [DIRECTOR PHYSIC		11/3	3/82
П	22d PHYSICIAN'S NAME (TY	PE OR PRINT)	11 1		22e. ADDRESS	- 0			
	1 Vatthew	15. He	Marel		600 Wolfe		0 1	2 dv	1205
2	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
L	BURTAL	NOV 6	,1985 AR	LINGT	ON NATIONAL	ARLINGT		A	
2	FUNERAL DIRECTOR				25a DAT	E REC'D. BY REGISTRAR	25b. REGIS	STRAR'S SIGNA	ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for use as the burial-tronsit permit. Then please A with the Stote Dept of Health and Mental Hygiene prior to burial, cre TO FUNERAL DIRECTOR: After this certificate hos been signed

DONALDSON FUNERAL HOME, LAURELRESS MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

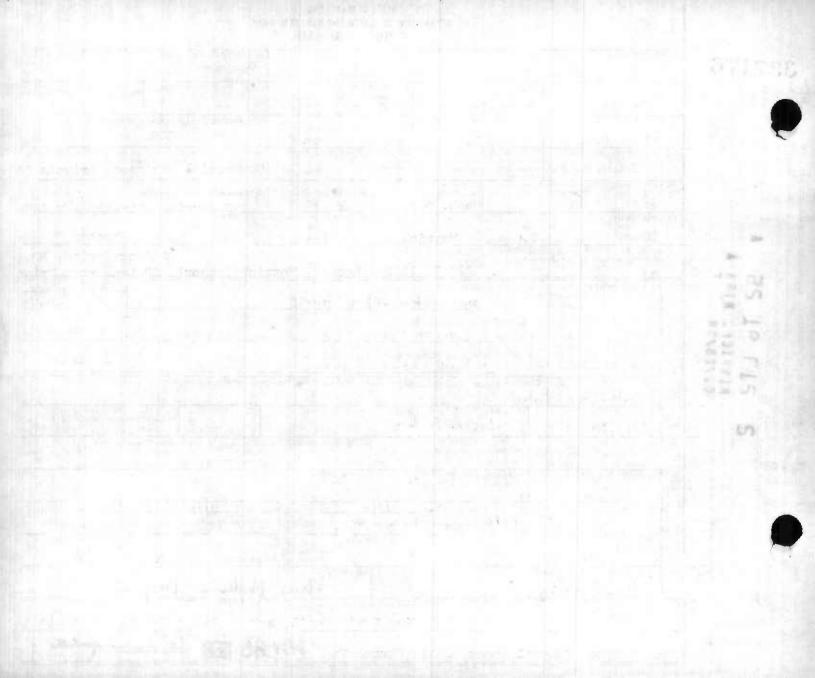
CERTIFICATE OF DEATH

REG. NO

FOR

REGISTRAR

- STATE



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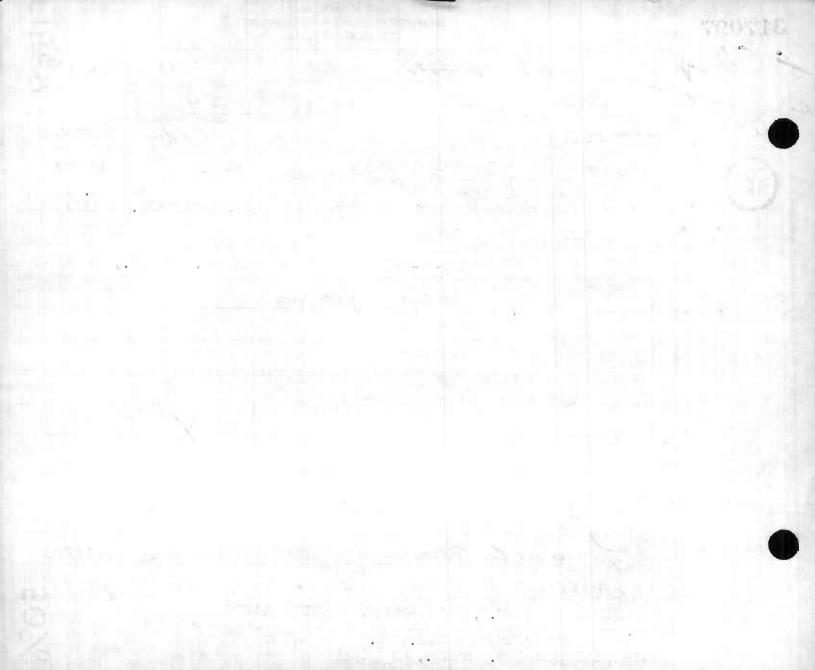
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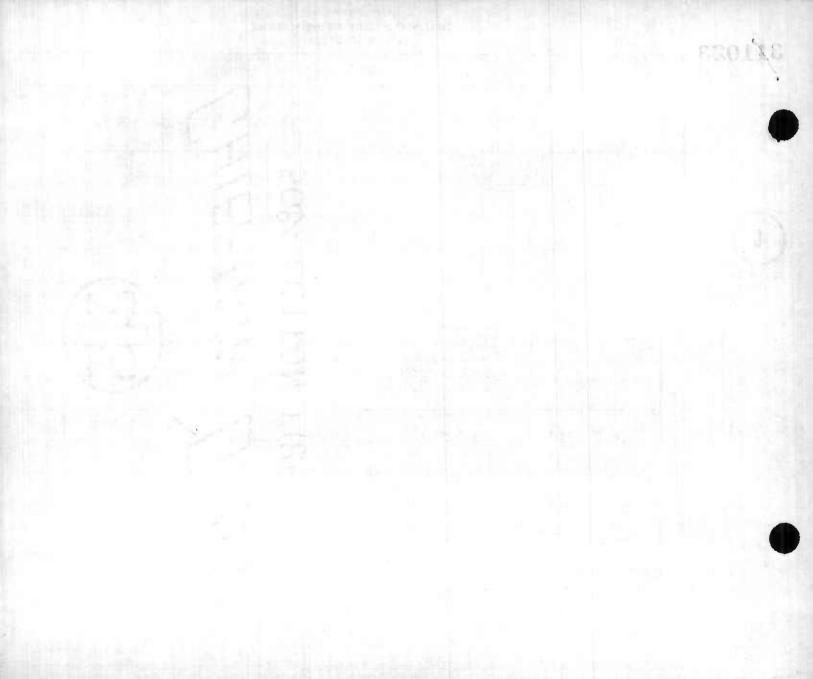
DHMH - 16 60M 7/84 (VRA 15, 4)

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- 16 60M 7/84 /RA 15, 4)	24 F			Byers 1	Funeral	Direct	ors, Inc. 250 DA				



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07/B4	BB 5885	23a.Bl	URIAL, CREMA	JRIAL	NOV . 6	,1985	GR GR	ME OF CEA	AETERY O	R CREMATO		23d LOC CITY O	ATION BALTIMO			MARYLA	ND
25M	DHMH - 17 (VR A15 ME (5))		NERAL DIRE	SOI	L LEVIN						25a. DATE F	0 8	1985	ish REGIST	TRAR'S SIC	NATURE	L

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1	-	FOR STATE REGISTRAR
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STATE OF MARYLAND CERTIFICATE OF DEATH

85-31142

9	KEOIST	VAII.				REG.	NO.		
	1. DECEASED N	AME FIRST	WIDDLE	LAS		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TIPE OR PRINT)	Henry		Mill	er		11-	21-85	1300
ŀ	3. SEX		4 RACE	5 DATE OF		6 AGE (IN YEARS LAST I		IF UNDER I YEAR	IF UNDER 24
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	/1		DUN	01	09 1892	13	YRS.		
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10		N.C.	USA	WIDOWED	DIVORCED [BALTIM	ORE,	CITY	
Pe	10. CITY OR TO	WN OF DEATH	11. NAME OF HOSPITAL, NU		OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS
20	BAITU	nore	123 W. 20	THE ADDRESS	Ant 1/H	UNKNOW N	OF WORKING LI	FE) INDUSTRY	1
9	USUAL RESIDE		OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)	The little	·		21218	
35	130 STATE	10. 136 COUN	13c. CITY OR 1	IOWN 1	YES NO [13e.STREET ADDRESS	29 Th	ST. A.	PT /1-
e mine	14 FATHER'S N		MIDDLE MILAST	80	MAR 18	MIDDLE		(INXX)	OWA
0	IAN WAS DECE	ASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECHRITY NO.			RESS	DITTATA	OVIIV
dico	- IYES NO OR L		SWAR OR DAYES	115407	"Bachel Mil	1er 123 We	st 29t	h Stree	:t
E /	NO		110	1310/	MEDICAL	KECUROS			
÷ .	18 CAU	E OF DEATH Enter on	y one couse per lips for (a), 1b	ond (c	1			BETWEEN	ONSET AND DE
ve v	PART	I. DEATH WAS CAUSED	E CAUSE (O) CARDIO!	OULMONA	en HEREST				
Ů.		IMMEDIAT			1			1	1
E O	100		DUE TO, OR AS A CONSE		Gua Fau.	140		11/84	5 /3/11
0		ons, if ony, which ise to immediate	(b) TROGRE	11 100	MAC FISHE	IFE		11/00	1 ()00
ф ф	couse	(o), stoting the	DUE TO, ORASIA CONSE	OUENCE OF	D	1		1	/11
\$	underly	ing couse lost	11/1-	TATIC	ROSTATIC	CARCINON	TA	12/8	4 11
ō	PART 2	OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERM	AIN AL DISEASE OR CO	NDITION GIV	VEN IN PART 1	0
5		HEROSCIER	71	ala auri	R WISEAS				Ĭ
<u>-</u>	210. ACC	OF OPERATION	196 CONDITION FOR WE	ICH OPERATION	WAS PERFORMED	20a AUTOPSY?	Tank IE VE	S, WERE FINDIN	NOSTISED
0 7	S IN DAIR	OF SPERATION	A / A	IICH OPERATION	NAS PERFORMED	200 AUTOF31		FYING CAUSES	
00	E L	NIF	11/15			YES NO	YE	s N/	4-NO [
S C	21a. ACC	DENT WAS UNDERLYING	LIGHT A ST STORY	5.17 75.15	TIC HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 1	PART I OR PART 2)	
E	# 10/24	RIBUTING CAUSE OF DEA		1 1	NIA				
= /	9	R, NOTIFY MEDICAL EXAMINER	P.M. 73	19	II LOCATION				
o	WHILE	NOTWHILE I	(AT HOME STREET FACTORY, OF		STREET	CITY OR	OWN	COUNTY	STATE
*	AT WORK	AT WORK	NA	11	NIN				
Ĕ	220.1 cei	tify that (I) (this hospit	ol) oftended the deceased fro	om MAR		10 NOV.			that (I) (we)
2	sow	the deceased alive on.	NOV, 12,	9 8'5 , and	that in (my) (<u>our)</u> opinion	death occurred on the	dote and hou	r and from the	couses stated
E	22h SIGI		view the body ofter death.		GREE			22c DATE	
ž	1	210/1-06/	1/2 to merce	M	ATTENDING	MEDICAL ST	AFF	1.1	0010
5		year a f	1 wun	1/6	PHYSICIAN [DIRECTOR PHYS	ICIAN	11/1	4/8
IMPORTANT: IF	22d. PHY	SCIAN'S NAME (TIPE OF	R PRINT)	11 0	12e ADDRESS	1) '	77	. /
MPORTANT	I N	IFLVA J	· DROWN	181. 1.	3100 N	YMAN P	ARK	URIV.	8_
<u> </u>	23a BLIDIAL C	REMATION, REMOVAL	23b. DATE	23. NAME OF CE	METERY OR CREMATORY	23d LOCATION	77.71	7	
	(SPECIFY)	TAI				Lansdown		COUNTY	MD .
- 1	BUR	IAL	11/27/85	Mount Zi	on Cemetery		,		
7/B4	24 FUNERAL D	IRECTOR			25a DA	TE REC'D. BY REGISTRA			
7 04	March	Funeral Hos	mes 1101 East	North Av	enue	V 26 095	Award	Evidon 1	arpath
- 4		· SILEPUI IIUI	HICS TIGHT FROM	HUI CH AV	CHUC III		Al.		•

DHMH - 16 60M 7/B4 (VRA 15, 4)

OR ATTENDING PHYSICIAN: The low

retoined by the hospitol or

	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	3 1	4 3
		EASED NAME FIRST	ENE IL. M	LAST	20 DATE OF DEATH MONTH		HOUR
L				ILLER	11-19-		M
3.	SEX	F	4 RACE	5. DATE OF BIRTH 7-8-1913	6. AGE (IN YEARS LAST BIRTHDAY)		URS MIN.
70	BIR	THPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COL		
	N	ARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMOR	E CITY -	MD.
11	CI	BALTO,	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126 KIND OF BU	
OH.	5UA	400	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION 13d. INSIDE CITY LIMITS?		CODE	21206
14	FA	HER'S NAME FIRST JOHN	DOYLE LAST	15. MOTHER'S MAIDEN	TARIE D. WA	LAST	
16		AS DECEASED EVER IN U.S. ARI	WED FORCES? 166 SOCIAL SECTION 1	URITY NO W INFORMANT	E. Miller, SR.		21206 HOLAS
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS ACONSEOL	inma of 4	ma Bla	ı	
	2	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to</u>	DEATH BUT NOT RELATED THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART To	
1		Ne DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		F YES, WERE FINDINGS ERTIFYING CAUSES OF YES \(\square\)	
44. 440	į	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D		URRED (ENTER NATURE OF INJURY IN ITE)	A 18 PART I OR PART 2)	
-	MEDIC	THE INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (1) this hospit saw the deceased alive on above, (1) (we) (did) (did not	al) attended the deceased from 19	•	n deoth occurred an the date and		(I) (we) last es stated NED
-		THE PHYSICIAN'S NAME (THE CO	un XM	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	11-3	280
			KINGY JR., M.D.		UL PLACE BALTO	. MD. 21202	
23	3a. B	JRIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATOR	y 23d LOCATION	MOUNTY	STATE

DHMH - 16 60M 7/14 (VRA 15,

-7527 Han

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
NOV 22 1985

16.2

E-11

			FOR STATE		DEPARTMENT OF	HEALTH	AARYLAND I AND MENTAL H		3	144	
33	31127		REGISTRAR	EIDST MI	EDICAL EXAMII	NER'S C		KEO.	. NO.		
			CEASED NAME E OR PRINT)	710.01	WIDDLE	0	MATI (FD	20. DATE KNOWN OF ESTI-		O OF	DUI
	EASE TOR TOR TOR SEET,	3 SEX	14 RACE	JACQUEL INE	H To AGE (IN)	YEARS LIE LIN	MILLER IDER 1 YR. IIF UNDER		XX 11-1	9-85	211
2-	IS NECESSARY, PLEASE E FUNERALDIRECTOR. E S FOR YOUR FILES. ED, WITHIN 72 HOURS I W PRESTON STREET,		EMALE BLA	MONTH DAY	YEAR LAST BIRTH			MIN PRONOUNCED DEAD	11-2	20-85 1:4	
	MERAL MITHIN PREST	FC	RTHPLACE (STATE OR REIGN COUNTRY)	7b. CITIZEN OF V	VHAT COUNTRY?	Edward Comment	ED NEVER MARR	D - 71 - 1 - 1	_	OF DEATH	
	IS NE STEED, WAS IN WAS		ARYLAND TY OR TOWN OF DEATH		DSPITAL, NURSING HOA			124 USUAL OCCUPATION	(TYPE OF WORK 12	KIND OF BUSINESS OR INDUSTRY	S
	DELA N PA II	Ba	Itimore	248 Her	ring Ct.		3	THEMPLOYI	ED	2/2/2/	
21201	IF ANY DELAY IS NE 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED. NI RECORDS 201 W	13a. S		COUNTY	BALTIMOR		YES NO	13e STREET ADDRESS HERRI	ING COT	URT	
BALTIMORE, MD. 2120	- NS -	14. F/	J'AMES	WIDDLE	MÏLLE	R,JR	15 MOTHER'S MAIDE FIRSTOSI	EPHINE MIDDLE		WÏLSON	
ALTIMO	F PA FOR ON	16a. V	VAS DECEASED EVER IN ES, NO OFFINKNOWN) (IF	U.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b. SOCIAL SECUR	TY NO.	JOSEPH]	INE MILLER		. 33rd St	t
	HDURS AF B. GIVI WITH DIVISI		PART I DEATH WAS		ne for (a), (b), and (c).) Undeterm	ined				APPROXIMATE INTERVA BETWEEN ONSET AND DE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	IN I		Canditions, if any		R AS A CONSEQUENCE						_
W. PR	MINES IN THE STATE OF SERVICE AND SERVICE	-	gave rise to im- cause (a) stating the	mediate (b)	R AS A CONSEQUENCE	OF					_
18, 201	KECUTE IG" IN AL EX BURIAL AND M	1	lying cause last.	(c)	H SUT NAT BY LIVE TO THE TO	MINAL AICCAS					_
ORO		Z	PART 2 OTHER SIGNIFICANT CO	NOITIONS <u>CONTRIBUTING TO DEAT</u>	NOT NOT KELATED TO THE TEL	MINAL DISEASI	OR CONDITION GIVEN IN PA	RT 1 :0-			
AL RE	CITY OW	MEDICAL CERTIFICATION	190. DATE OF OPERATION	ON 19b. COND	OITION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOPSY?	_
F VIT	76 - PA 1 1 1 1 1 1 1 1 1	SERTIF	21a EXTERNAL CAUSE	WAS 21b. TIME C	OF INJURY		OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART (YES X NO [
ONO	CERTIFICATE S TING THE WO ED TO THE (3 SHOULD BE DEPARTMENT I PRICE TO BU	CALC	UNDERLYING OR CONTRIBUTING CAL		M. MONTH DAY YEAM. 11-?-85,9	u	nknown				
DIVIS	WAR WAR	MED	21d. INJURY OCCURRED WHILE NOT WE AT WORK AT WOR		OF INJURY (ATHOME, CTORY, FARM, ETC.)		48 Herring	Ct. CITY OR TO Balt	imore;	Maryland STA	TE
	MINER: THIS (THIS OF THIS OF T			ak charge of the remains de		Autop		n . Inquiry .	and in my apini	ion	
	ERTIFIED BE WIRECT WITH ARYLV		death resulted fram:	Natural causes .	Accident	ouicide	Hamicide XX	Undetermined manner	٦.		
	SHOUND WEEN WALL		SIGNATURE WOW	porte (hel	foll	M	o Assistan	t_MEDICAL EXAMINER	DATE SIGNED	11-21-85	_
	TO MEDICAL EXAMINER. IN EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR. PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND. 2			Margarita A.	Korell,M.D).	ADDRESS 111 Pe	nn Street			
		23o.B	urial, cremation, rem BURIAL		23c. NAME OF C			23d. LOCATION CITY OR TOWN	COUNTY	STATE	
07/84 25/M	BP	24. F	JNERAL DIRECTOR	11/23/8		EW M	EM. PARK 250. DATE	REC'D. BY REGISTRAR 735 R	EGISTRAR'S SIG	NATURE MD	3
	DHMH - 17 (VR A15 ME (5))	WI	A. C. MARC	H F/H 1101	E. NORTH	AVE	NOV	2.5 1985	a Davidsor	-Aandell	1



		TE ISTRAR SED NAME	-	FIRST			MED	MIDDLE	EXAM	NER'S	CERTIF	ICATE C		TH 2a. DATE		G. NO.	MONTH	DAY	YEAR	26 HOU
	YPE OR			TEMP	IE						MILLS	S		OF	ESTI- MATE		11	24	19 85	
3. S		ale	4. RAC	gro	MOI	ATE OF I	BIRTH DAY	YEAR 1907	6 AGE (IN LAST BIRT		UNDER 1 YR	HOURS	24 HRS.	2c. DAT PRONOU DEA	INCED	٨	11	25	YEAR 19 85	2d HOU
4	FOREIG	PLACE (ST N COUNTRY)		na	7b. C	USA		AT COUN			RRIED N	IEVER MARR	ED		ltimo	ore	Cit	У		W
10.	Ba.	ltimo:	of DE/	ATH	50	00 b	olk.	Ell:	icott	Dr.	OTHER INSTIT	UTION	FOR /	DAL OCCU MOST OF WO 1SEW1	ORKING LIFE		F WORK	126 KII	ND OF BU R INDUSTI	JS INESS RY
13a.	STAT			13b. COU		R INSTITU	TION, GIV	13c. CITY	OR TOWN	1	YES []		21	N. G	ess ilmo	ore i	St.	212	223	
	J	R'S NAME FIRST	-		MIDE			Sno				HER'S MAIDI	EN NAME		MIDDLE	DRESS		Boyd		1229
	YES, N	DECEASEI O. OR UNKNO IO		IN U.S. A			?		-62-6			nita L	ewis	108			01:		Ln.	
		gove ri	se to	ony, which	te /	(b)		AS A COI	NSEQUENC	E OF										
z		lying cau	use last			(c)			ATED TO THE T		SEASE DR CONDIT	IDN GIVEN IN PA	ART 1 tal.							
FICATION		lying cau	use last	NT CONDITIO		(c) Buting to	DEATH 8	OUT NOT REL	ATED TO THE 1	ERMINAL DI	SEASE DR (DNDI)		ART 1 tal.						AUTOPSY'	
NCAL CEPTIFICATION	19 21 UI	Iying cau RI 2 DTHER SI D. DATE OF D. EXTERNA NDERLYING	IGNIFICAN OPER. AL CAU	ATION USE WAS OR CAUSE O	NS <u>CONTRI</u>	(c) 8UTING TE	ONDIT	ION FOR INJURY MONTH	WHICH OF	PERATION 21 EAR E.	N WAS PERFO	ORMED?	ED (ENTER	NATURE OF II	njury in it	TEM 18 PAR	RT I OR P.		AUTOPSY' YES ☆	? NO 🗆
MEDICAL CERTIFICATION	211 UN CC 211	lying cau	IGNIFICAL OPER AL CAU ING OCCUR	ATION USE WAS OR CAUSE O	NS <u>CONTRI</u>	(c) 8UTING TO 19b. C 21b. T HOU	ONDIT	INJURY MONTH 11/ DF INJURY ORY, FARM,	WHICH OF	PERATION 21 EAR 21 EAR 21 EAR 21 EAR 21 E	N WAS PERFO THOW INJUING THE THOM IN THE THE THOM IN THE THE THE THOM IN THE	ORMED?	ED (ENTER	NATURE OF 11 CITY OR TI	OWN	TEM IBPAR	co	ART 2)		
1 2	211 Uh CC 211 W A	Iying cau RI 2 DTHER SI D. DATE OF EXTERNA DERLYING NOTRIBUTI LINURY (HILE T WORK	IGNIFICAN OPER AL CAU OCCUR NOT AT V	ATION JSE WAS OR CAUSE O RRED T WHILE VORK	NS CONTRI	(c), BUTING TE	D DEATH &	INJURY MONTH 11/ DE INJURY MONTH 11/ DE INJURY ORY, FARM, NS F	WHICH OF THE TO	PERATION 21 EAR 85 E. 21f	E HOW INJU EXPOSURE LOCATION STREET 500 B Utopsy X, TITLE	DRMED? RY OCCURRI e to c	ED (ENTER COLD LICO) LICO Under	CITY OR TO	own Bo y monner	alti	co	OUNTY	YES X	NO STATE
INDICAM	19 21 21 Wh A	Iying cau RI 2 DTHER SI D. DATE OF EXTERNA DERLYING NITRIBUTI TWORK 27a. 1 certification result	FÖPER. AL CAU NOT AT V NAME NAME	ATION JSE WAS OR CAUSE O RRED I WHILE VORK I took che	ns CDNTRI	(c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	D DEATH &	INJURY MONTH OF INJURY FINJURY ORY, FARM, DS FI tribed ob Accident	WHICH OF THE TO	PERATION 21 EAR 85 E. 21f PKW . Suicide	E HOW INJU EXPOSURE LOCATION STREET 500 B Utopsy X, TITLE	PRY OCCURRICE to Collection (SPECIFY) Sistan	ED (ENTER COLD LICO) Under MED Penn [234.10]	CITY OR TO	own Be y monner MINER	alti ondi	In my o	DUNTY Ppinion IED	YES ★□ Md. 11-25 21201	NO

SUGREE

S rice Melica James - 1101 S large Compiles Disc and deviled the old agreed address (Egg-18 VIS

Paring Lister Artuins Memorial Pari Arguin, Balto Io., Md. 21590 Marchall W. Johes Jr. FH 4101 Edmondion Ave.

323105

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

3. SEX

aomi

4 RACE

14 FUSchimunek Funeral Home Inc.

3331 Brehms Lane, Balto, Md. 21213

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

Minighini

5. DATE OF BIRTUI

STATE OF MARYLAND Naomi Margaret Minghini

HYG	IENE O O	Ü	8 4	•	W
	REG. NO.	12 12	VEAR 85	26. HOU	R
	6. AGE (IN YEARS LAST BIRTHDAY)	MOT	UNDER I YEAR	# UNDER	AIN.
	Baltimore CITY OR COU	NTY O			М
	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Seamstress	⊌G LIFE)	126. KIND C INDUSTRY	ilor	
S?	13e.STREET ADDRESS / ZIP C 4429 Shamr		Ave	. 2	12
Cl	ob		LAS	ST	
e :	Minghini, Jr Ave. 212	.,3	041	Jani	
es7	_Ave. 212	30	BETWEEN	hour.	
fa	rction		1855 +	than 29	16
_	Dismse				
TERM	NINAL DISEASE OR CONDITION				
			VERE FINDI NG CAUSES		

COUNTY

22c. DAJE SIGNED

MA 21224

STATE

STATE

Female 10/8/17 Cauc. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Frederick, Md USA WIDOWED 10. CITY OR, TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMIT Md. Balto. YES 😾 NO [14. FATHER'S NAME 15. MOTHER'S MAIDE! Frank Ray Emma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 219-07-1279 No Lawrenc 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINERS 21d. INJURY OCCURRED THE PLACE OF INJURY 211. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from Neverber saw the deceased glive on November 12 19 85 and the and that in (my) (our popular death occurred on the date and hour and from the causes stated DEGREE DIRECTOR PHYSICIAN Medical Center; Dept. of Medicine 23¢ NAME OF CEMETERY OR CREMATORY Baltimore National, Balto., Md. COUNTY Burial 11/14/85

DHMH - 16 50M 4/83 (VRA 15, 4)

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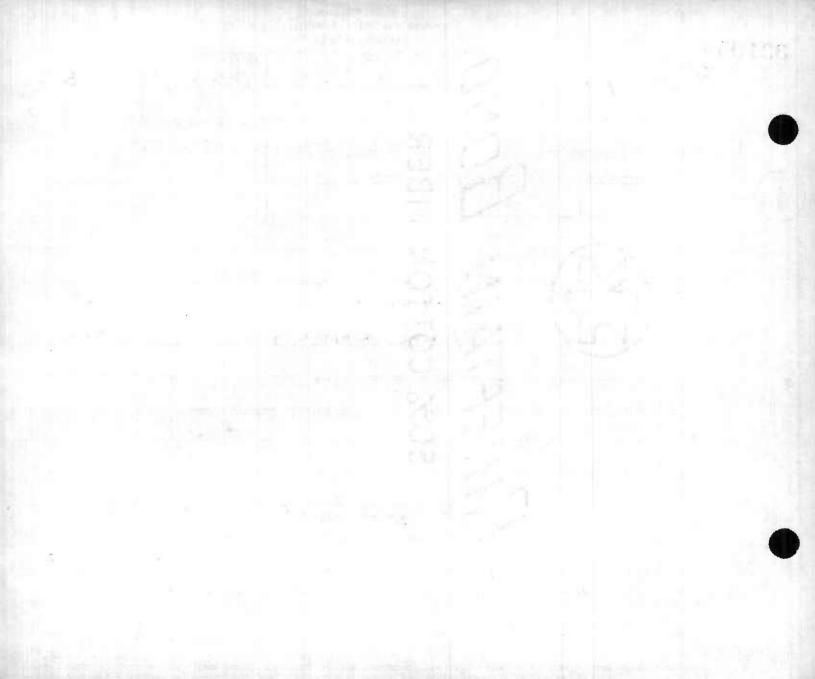
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12 04

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME EWERETT MINOR IV OR PRINTS BABY BOY WALKER 4 RACE (IN YEARS LAST BIRTHDAY) IF LINDER 1 VEAR 3. SEX 21 85 B m BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland II.S.A. WIDOWED BALTIMORE CITY IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12n USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION MEMORIAL HOSPITAL BALTIMORE 21239 Baltimore OUNTY 13 T3 T8 Coldspring Lane 13d. INSIDE CITY LIMITS? Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Everett Tamiel Walker Minor III 17. INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LIF YES GIVE WAR OR DATEST LYES NO OR LINKNOWN) Helena Duffie 1318 E. Coldspring Lane no 18 CAUSE OF DEATH (Enter only one couse per line for to . the and ic) PART I. DEATH WAS CAUSED BY CARDIO RESPIRA TORY ARREST 0 DUE TO, OR AS A CONSEQUENCE OF 7 hrs EXTREME PREMATURITY Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 71e PLACE OF INJURY 211. LOCATION COUNTY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC |

entol Hygie WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the body after death old be detached to the State Dept 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL 11/21/85 ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN V MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS A DUNLAVEY UNION MEMORIAL HOSpita MLD 23a BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY BURTAL 11 - 25 - 85Anne Arundel Maryland CEDAR HILL 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE in vicindoon-bandalle W.C.MARCH F/H CO. 1101 E. NORTH AVE. (VRA 15, 4) N N/ 0 5 1005

DHMH - 16 60M 7/84



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 343008 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN X LTYPE OR PRINT! OF DEATH MATED 1985 Lewis Minor 4 RACE 3 SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE 2:00 PRONOUNCED DEAD Black. 70 sk 11-18 1985 Male. TO RIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia U.S. WIDOWED X Baltimore City DIVORCED 10 CITY OF TOWN OF DEATH 120 USUAL OCCUPATION STYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! Laborer Baltimore 1122 Abbott Court SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13g. STATE 134 INSIDE CITY FIMILS? 13e STREET ADDRESS 13b COUNTY 13c. CITY OR TOWN 1122 Abbott Court 21202 Md. Balto. YES NO T 18. GIVE PAGES 1, 2, 3. WITH FORM, PM 3. MIT. PAGES 1 AND 2 S. NE, DIVISION OF WIAL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST EIRST Will Minor Louise 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16h SOCIAL SECURITY NO IYES NO OR LINKNOWN) I HE YES GIVE WAR OR DATES! 218-01-4615 No ical Examiner Along Wil a Burial - Transit Permit. P a and Mental Hygiene, div Mation, or Removal. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL-OF HEALTH AND MEN URIAL, CREMATION, C lying cause last DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES [21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21L LOCATION 71d INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY Inspection X 220. I certify that took charge of the remains described above, held on Autopsy Inquiry and in my opinion death resulted from Natural couses XX Undetermined monner TITLE (SPECIFY) ACTUAL 11-19-85 Assistant SIGNATUR EXAMINER'S NAME 111 Penn St., BAlto., Md. 21201 Dennis F. Smyth, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23r NAME OF CEMETERY OR CREMATORY STATE COUNTY 11/22/85 Removal 07/B4 BP 250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE 25M 24. FUNERAL DIRECTOR **DHMH - 17** ADDRESS Anatomy Board Balto., Md. (VR A15 ME (5))

STATE OF MARYLAND

333139	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE DESCRIPTION OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR												Ĵ	6	9			
000100		REGISTRAR				WE		EXAMI	NER'S	CERTI	FICATE	OF DEA		REG.					
		CEASED NAM	E	FIRST	MIDDLE LAST						2ª DATE KNOWN DEATH MATED X			MONT	H DAY	YEAR	26. HOUR		
S NECESSARY, PLEASE E FUNERAL DIRECTOR. E FOR YOUR FILES. D. ATTHIN 72 HOURS W. PRESTON STREET,		/		JOSE					M]	RANTO	C	DEATH	MATED	X 11	25	1985	A		
			Part of the last o		MONTH	5 DATE OF BIRTH		1941 AGE (IN YE		JNDER TY	R. IF UNDE	R 24 HRS.	2c. DATI		MONTE		YEAR	2d. HOUI	
ON SOUR	100	le		ite		ch 22			YRS.		J. HOURS	PALITY.	DEA	D	11		1985	B:05	
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SEGE	ID C	Baltimore				T IN SUCH FA	CILITY, GIVE	TAL, NURSING HOME, OR OTH		THER INST	F		USUAL OCCUPATION (TYPE OF WORK OR MOST OF WORKING LIFE)			K 126 KII	OR INDUSTRY		
A DA PAGE						5501 Seward Ave						lesman- Chimn							
2 COEASS	13a S	L RESIDENCE TATE	(IF IN NI	13b. COUN		TITUTION, GI	VE RESIDENCE	Y OR TOWN	5510N)	113d INSI	DE CITY LIMITS?	13e STR	EET ADDR	ESS			- 7	11	
AN WOOD	Ma	ryland					Baltimore				YES X NO		5501 Seward Ave.			212			
MD. 2'201 H. IF ANY DELAY IS NE 1, 2, AND 3 TO THE FUL 3, 2 SHOULD BE FILED. JAL RECORDS, 201 W.	14. F	ATHER'S NAME			MIDDLE			LAST		15. MO	THER'S MAID	ENNAME		MIDDLE			LAST		
EATH.	Anthony				J.		Miranto				Lena		Marie			Cellinese			
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URS AF URS AF B. GIVI WITH II. PAG DIVISI		18 CAUSE O	F DEA	TH (Enter on	ly one cou	se per line	for (o), (l	b), ond (c).)				10	9.	73 No		AF	PPROXIMATE	E INTERVAL T AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD' PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 RADE TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 31. RETAIL THE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1, AND 2 SHOULD TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION DEVITAL REGORD PRIOR TO BURIAL, CREMATION, OR REMOVAL.	H	PARTIDE	PARTIDEATH WAS CAUSED BY: MAMEDIATE CAUSE (a) Cirrhosis of the liver													GETWEEN ONSET AND DEATH			
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AAL HANS				ony, which immediate		(b)													
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ON A PAR	CERTIFICATION	lying couse lost.																	
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L RECORDS ULD BE EXEC "PENDING" FE MEDICAL ED AS A BU HEALTH AN HEALTH AN										_									
TAL RECA	3	190. DATE OF OPERATION			19	6 CONDI	DITION FOR WHICH OPERATION WAS PERFORMED?						2D AUTOPSY?						
S S S S S S S S S S S S S S S S S S S	E														YES NO 🔀				
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S STOP S		CONTRIBUTI	NG 🗌	CAUSE OF	DEATH	P.M	١.	19											
CERTIFICATION OF THE SECTION OF THE		214 INJURY C	WHILE C	21		OF INJURY (AT HOME, 211. LOCATION ORY, FARM, ETC.) STREET CITY OR TOWN						OWN		COUNTY		STATE			
MIS WEI		AT WORK																	
ME, TI		22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry .																	
#2 EEE		deoth result			rol couses	-	Accident		Suicide [<u> </u>	omicide .		ermined m		1.				
ARY ARY		COUNTY V		An.	1	1					E (SPECIFY)				٠.				
A PROPERTY		ACTUAL SIGNATURE	1	W	10	S	N				sistan	- MED	ICAL EXA	MINED	DAT	E 1	1-25-	-85	
ORE SEA		area (Charles the)	5	1	-	. /													
DIVISION OF VIT TO MEDICAL EXAMPRE, THIS CERTIFICATE SHE PACE SHOULD BE FORWARDED TO THE CIT TO FUNDEAD DIFFORMER SHOULD BE AFFER REATH WITH THE STATE DEPARTMENT OF BALTIMORE MARYLAND, 21201 PRIOR TO BUIL		EXAMINER'S (TYPE OR PRI	NAME NT)	JAnn	M. D	noxu	, M.I).		ADDRES	111	Penn	St.,	, Bal	to.,	MD :	21201	L	
PAT PAGE	23a.B	URIAL, CREMA	TION,	REMOVAL 2	3b. DATE		230	NAME OF (EMETERY			23d. LC	OCATION OR TOWN			2112121			
/84 BP	1	Buria	al		11-2	9-85	Parkwood Baltimore, Mary							Marv	land				
DHMH - 17	24. F	UNERAL DIREC	CTOR								25a. DATE				GISTRAR'		HRECON	P	
(VR A15 ME (5))		Leonar	rd i	J. Ruc	k, I	nc.	Balt	imore,	Md.		NO	1.2.6	1985	. 20 .20	-	Ma	,		
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completely filled in by the funeral director. ps. 1 and 2 should be filed within 72 hours after within 24 hours ofter and Mental Hygiene prior to burial, cremit TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the retained by the hospital or ottending physician. (fter this certificate has been signed b as the burial-transit permit. Then plea TO FUNERAL DIRECTOR: After should be detoched for use as thwith the State Dept. of Health or

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND

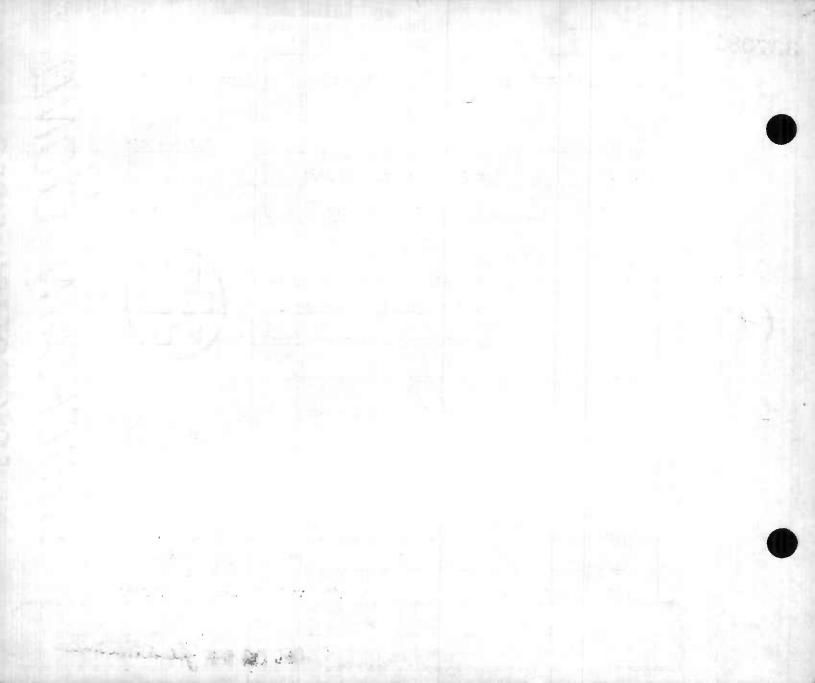
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EPA	RTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
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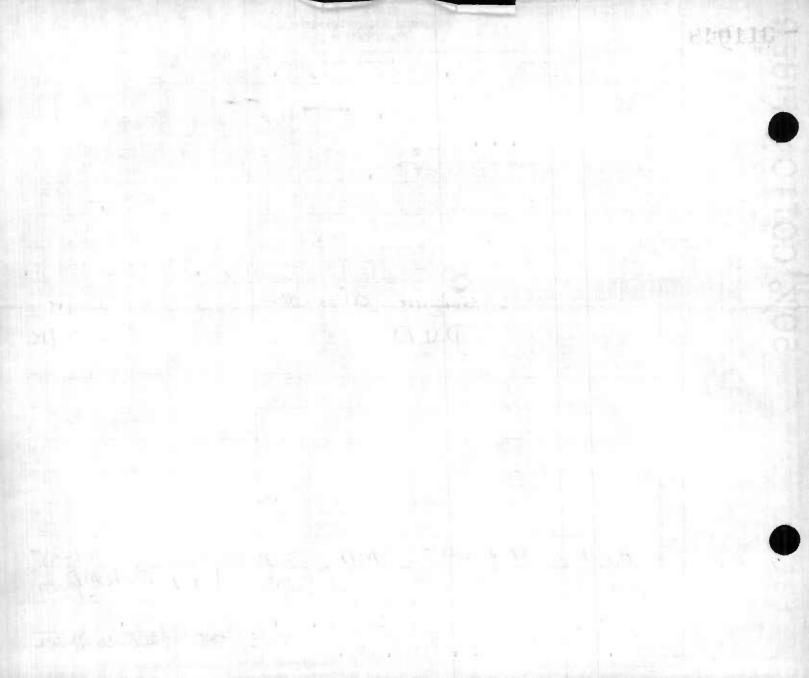
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	20.110011
Alfre	ed H.	MITCHELL	November 20	. 1985 2:40P
3. SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER TYEAR IF UNDER 24 HRS
Male	Black	1 1 3		YRS DATS HOURS MIN.
OUNTRY	76 CITIZEN OF WHAT COUNTE	MARRIED X NEVER MARRIE	9 BALTIMORE CITY OR C	OUNTY OF DEATH
Baltimore	U.S.A.	WIDOWED DIVORCE	Baltimor	e City M
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTIO	N 120 USUAL OCCUPATION	126 KIND OF BUSINESS OF
Baltimore	Maryland (General Hospital	Long Shorema	
JSUAL RESIDENCE (IF NURSING HOME O 30. STATE Md.			1051 Coome C	P CODE t. 21217
4 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDI	WIDDLE	LAST
Herman	Mitche			Warren
	IVE WAR OR DATES)		ADDRESS	19802
Unkn.	218/28	/1394 Vivian Sm	ith 404 W. 34th	
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for 101, (b).	ond (c) I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	TE CAUSE (o) Subarac	chnoid hemorrhage	e.	
	DUE TO, OR AS A CONSEC	O DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 110
2	Sepsis.			
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	1%. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 201 IN	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19 21f LOCATION	CCURRED (ENTER NATURE OF INJURY IN	
WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFI	CE, FARM ETC) SIREET	CITORIOWN	CONTAIL
	ntol) ottended the deceosed from November 20 15 view the body after death.	and mor in (my) (Xor) of	8.5 to November Sinion death occurred on the date of	20 19 <u>85</u> , that X 1 (we) loond hour and from the couses stated
				224 DATE SIGNIED
obove, the (we) (did) (dry the state of the	E Lever	DEGREE ATTENDE PHYSICI 122e ADDRESS		22 DATE SIGNED
276 SIGNATURE		ATTENDI PHYSIC		0 11/21/83

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic

Charles H. Powell 1206 W. North Baye,







*	1	Film G610 item 5	Film G611 item 7a		E OF MARYLAND BEALTH AND MENTAL HYO	8 5	3 1 1 3 3		
329069	1.	STATE 12/5/85 FJA REGISTRAR	c,d,e,&12a DE 1/24/86 rja		FICATE OF DEATH	REG. NO.			
2		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
1 2 M	(TYPE	Enocl	n	Mitche	11	11	17 85 9:15P M		
	3. SE	(4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS		
B 91	Ma	le	White	MON	12 24	84 YRS			
2 42 4 0		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH		
10 mg 60/		York Poland	U.S.A.	WIDOW	EDX DIVORCED	Baltimore Cit			
1 21	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	VESTREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY		
Call To		ltimore	St. Agnes			Retired - B. C	Railroad		
(多月期) (10)	130	AL RESIDENCE (IF NURSING HOME TATE 136 COL	NIX 13CORKO	R/TOWN Te	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DEROX 254 Falls Rd		
			altimore Balti	more	YES NO X	2400 - 2000	21,224, 51020		
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bulle office	(GIVE WAR OR DATES)	L SECURITY NO.	17 INFORMANT		rfield Beach, Fla		
1 54 5	Ye	S W	W II 064-0	9-5673	Thomas P. M.	itchell-222 S.E			
corte syste ough		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per lingular to a		-t . a. 10-t		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
1 7011			ATE CAUSE (a)	earnzper	toy arrest				
th condition the condition to the condit			DUE TO, OR AS ACON						
de d		Conditions, if any, which	(16) Seve	re cor	0				
at the first	10	gave rise to immediate cause (a), stating the	DUE TO, OR AS, A CON	SEQUENCE OF		010			
that d by edde of c	18	underlying cause last.	10 Anne	ll cell 4	sometryine c	a - undefferential	d		
10 mm	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BU	NOT RELATED TO THE TERM	NNAL DISEASE OF CONDITION C	GIVEN IN PART TO		
10 TO	CERTIFICATION	NA DATE OF OREDATION	196 CONDITION FOR	AMUSU OBERATIO	NAME DE DE OBASEO	120- ALITOREY? 1201 IE N	YES, WERE FINDINGS USED		
NG PHYSICIAN: The law requires that the death certificate be executed within a Liquity and the set of the control one completely will be so the buriol-fronti permit. Then please remove carbon copes. Popies and 2 short buriol greatest in the removal.	FI S	198. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?		
40 4184-	E	71a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		1st. HOW IN HIS OCCUP		YES NO		
IYSICIAN: 1 ding physic is certificate buriol-front Aentol Hygin is then 18 st.		OR CONTRIBUTING CAUSE OF D		H DAY YEAR	TIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART : OR PART ?}		
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PHY trendi	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
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Z o e o E			pital) attended the deceased	Carried Control	19.85				
R ATTEN hospitol RECTOR hed for ur ept. of He tem 21 is		saw the deceased alive a above, (II (we) did (did)	not view the body after death	19.65	nd that in (my) (our) opinion	death occurred on the date and h	nour and from the causes stated		
OR house house house house house beched becat filtern									
		226. SIGNATURE	41				224. DATE SIGNED		
AL DAL Date Date Date D		776. SIGNATURE	expro)		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	11-17-85		
SPITAL OR d by the b NERAL DIR be detoch be detoch TANT: If Ith		22d PHY ICIAN SHARE	and and		ATTENDING	DIRECTOR PHYSICIAN	11-17-85		
HOSPITAL Of the by the outle by the outle be detood by the first outle be detood by the State Department: if		20)	gallette Francisco de	e, 40)	ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN			
TO HOSPITAL Cretoined by the TO FUNERAL Eshould be detout with the State EliMPORTANT; if	23a E	224 PHYLLIAM SAME	ie F. Fenumude		ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN DE L'ALLE CATON AVE	11-17-85 Baltimore, Hd 212		
TO HOSPITAL (TO FUNERAL D should be detor with the State D IMPORTANT: #		22d PHYSICIAN S NAME	ie F. Fenumude		ATTENDING PHYSICIAN [director PHYSICIAN tal Cator Ave	11-17-85		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2h HOUR ETYPE OR PRINTI Katherine Yarish Mollen November 17, 1985 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX DAYS January 1, 1900 White Female To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Pennsylvania DIVORCED Baltimore City WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1816 Hillenwood Road Baltimore Housekeeper/Comp. Private USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Baltimore 1816 Hillenwood Road 21239 YES IN NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE LAST Peter Yarish Victoria ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMAN (YES, NO OR UNKNOWN) 212-32-3662 Mrs. R.P.Mollen 1816 Hillenwood Road 21239 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic. PART I. DEATH WAS CAUSED BY LORO IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (chid not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED DEGREE MEDICAL ATTENDING STAFF PHYSICIAN 1 DIRECTOR PHYSICIAN 22d, PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS K.A. Peter Van Berkum 3925 Beech Ave.

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

0

BP

FUNERAL I

00

P

Mitchell-Wiedefeld Home 6500 York Road 21212 (VRA 15, 4)

23b. DATE

11-20-85

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

24 FUNERAL DIRECTOR

Most Holy Redeemer 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Maryland

Baltimore City

23d LOCATION

Maria de mones.

in have it sits

C10-03-75

ARYLAND 21201	within 24 hours after deoth. Page 4	de les parties de la laction de l'entrol director de 2 s'hande de la laction de la laction de la laction de lactio	Mine of the Dank Stand or with
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cumulatery filled in by the futured director should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages and 31 miles and the future of the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical continues to the continues of the continues o
DIVISION OF VITAL RECORDS,	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requiretoined by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove corbon popel with the State Dept. of Health and Mental Hygiene prior ta burial, cremotion, or removal.	n 21 is morked or Hem 18 shows ony injury
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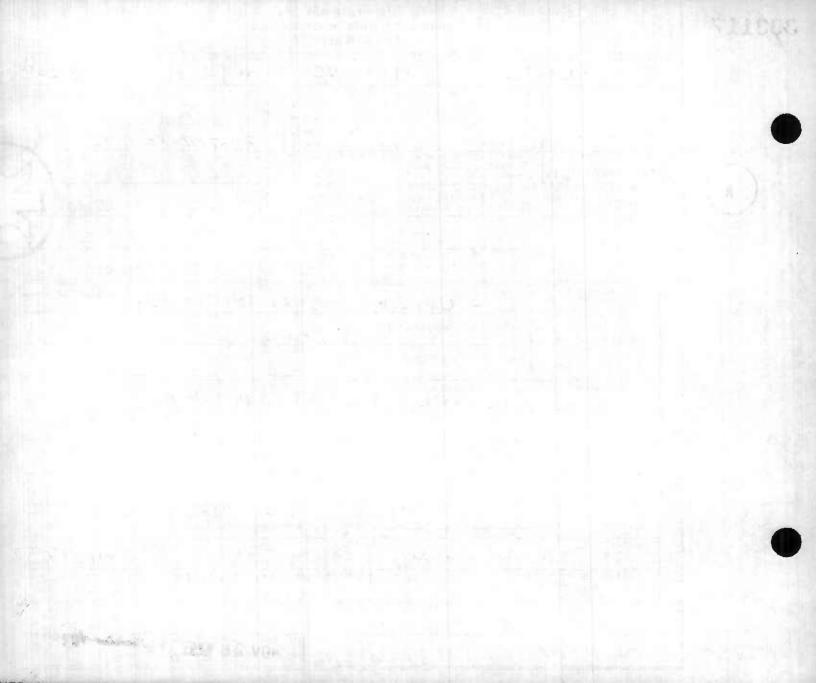
33117	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
be oge 3	T. DECEASED NAME FIRST MIDDLE ITYPE OR PRINT) PEARL V			MIDDLE	MUN'TA GUE			11 23 1985 2.20				
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leoth. Po	70 BIRTHPLACE ISTATE OR FOREIGN 7.			76. CITIZEN OF WHAT COUNTRY? U.S.A.		MARRIED NEVER MARRIED WIDOWED DIVORCED		BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD MD				
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ertificate by physicio ponpopers remaval.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OPPER GASTRO-INTESTINAL APPROXIMATE INTERV										
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0	III FA	WILLIAM	DLE	CHASE	MOLLY	WIDDLE	HARR	ÏS			
1		VAS DECEASED EVER IN U.S. ARME: VES UNKNOWN 1 # YES, GIVE W	AR OR DATES	SOCIAL SECURITY NO. 12-16-5038	Richard C	Chase 15	02 Lanhori	ne Ct.			
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		Conditions, if any, which	2)	1713							
		couse (o), stating the underlying couse lost (c)									
	NOI	PART 2 OTHER SIGNIFICANT CON	G-EST	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1	(5			
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	INGS USED S OF DEATH?					
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJ HOUR A.M. P.M.	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN	JURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE			
		220.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not) vi	111231	19 85 or	nd that in (my) (our) apinion	death occurred on the dat	te and hour and from the	that (I) (we) last e causes stated			
		27b. SIGNATURE	Anje	Come	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF	E C WI	L3185			
1	8	22d. PHYSICIAN'S NAME (TYPE OR PR	R.A		220 ADDRESS NORT	MOVE, MI	2 21215	TAZ			
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE 11-27-		emetery or crematory ew Memoria	23d LOCATION CITY OR TOWN 1 Bra 1-t/11mg	COUNTY Ma	Parts Date			
4	24 FL	UNERAL DIRECTOR		ADDRESS-	25a DA1	TE REC'D. BY REGISTRAP 2					

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(VRA 15, 4)

110°FESE. North Ave. W.C.MARCH F/H CO.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

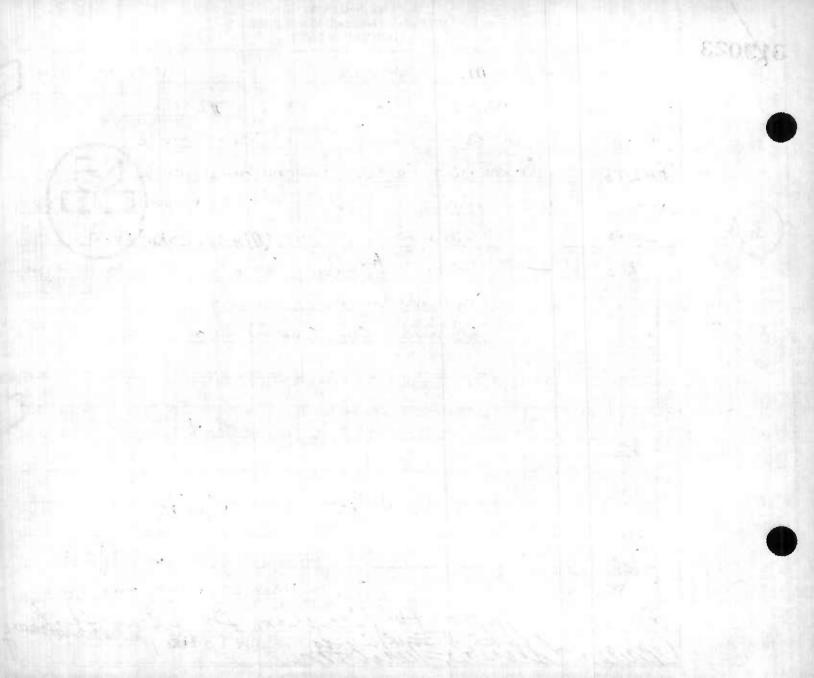
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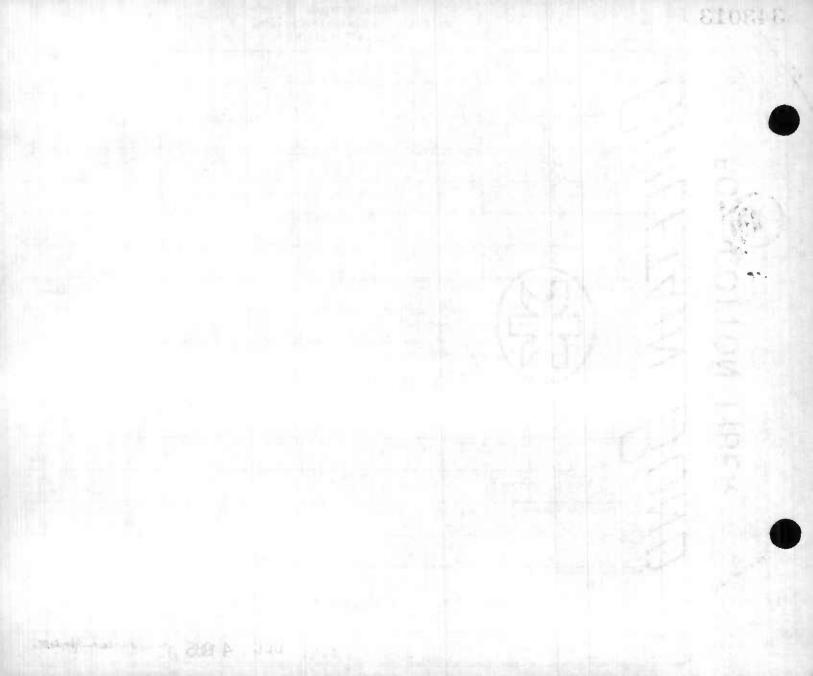
REGISTRAR

- STATE

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL H - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-Darrin DEATH MATED Moore 11-8 19 85 4 RACE AGE (IN YEARS | IF UNDER 1 YR. 9:47 P. M SEX 5 DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED M B 65 20 YRS 19 85 DEAD 76. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland U.S.A. WIDOWED DIVORCED Baltimore City, 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Baltimore University Hospital - STU Unemployed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 1400 Homestead St. 21218 YES TO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Felix Moore Mona Lisa Wattv 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 247-33-9494 | Henry L. Moore 1110 Seminole Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot Wound of Chest (handgun) IMMEDIATE CALISE (a. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL YES Y NO [DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR XXX MONTH DAY YEAR 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 XXOR UNDERLYING 8:50RM 19 85 PRIOR CONTRIBUTING CAUSE OF DEATH subject was shot 21e PLACE OF INJURY 211. LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) CITY OR TOWN street 1500 blk. Kia Ct., Baltimore, Maryland TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STANDER, MARYLAND, 2 Autopsy XX 22a I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Homicide XX death resulted fra Natural course Undetermined manner TITLE (SPECIFY) Assistant 11-9-85 EXAMINER'S NAME Dennis F. Smyth, 111 Penn St., Balto., Md. 21201 M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY BURIAL 11-15-85 BALTIMORE Baltimore Maryland 07/84 74 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE NOV 1 1 1005 **DHMH - 17** (VR A15 ME (5)) 1101 E. W.C. MARCH F/H CO. NORTH

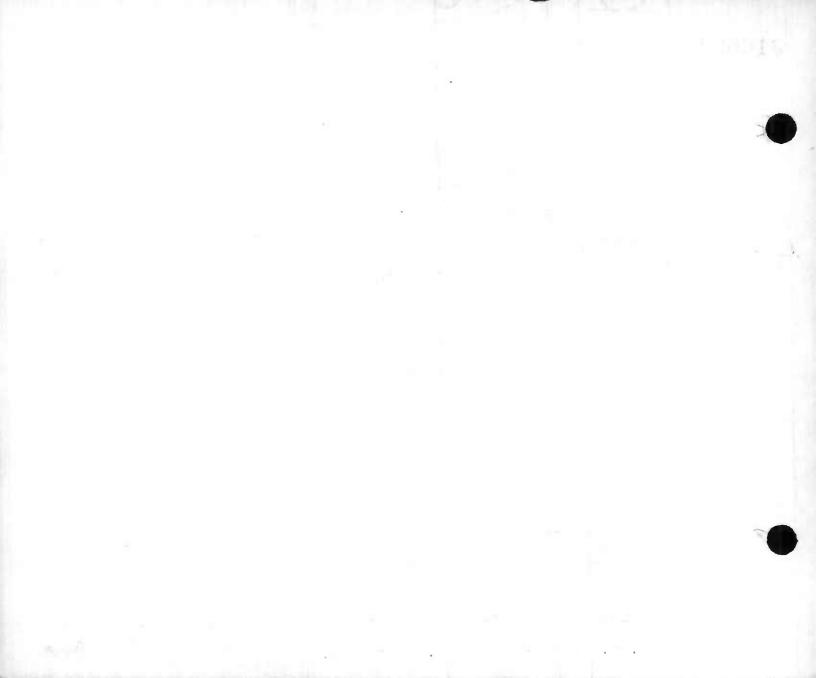


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 318076 2a. DATE OF DEATH I. DECEASED NAME 25 HOUR TYPE OR PRINTS Josep Moore 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3DAY 2 4AR TWONTH M B 61 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? NEVER MARRIED South Caroline U.S.A. DIVORCED BALTIMORE 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE BETH. STEEL WE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21222 COUNTY 13e STREET ADDRESS 210 FLEMING 13c. CITY OR TOWN BALTIMORE MARYLAND NO I 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE COOPER LUCILLE MOORE JOSEPH ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MARY MOORE 210 fleming drive 248-16-8593 NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 DIVISION OF VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION orked or CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Movembe 10 November 220.1 certify that (1) (this haspital) attended the deceased from Nicombre sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE 221. DATE SIGNED ATTENDING STAFF MEDICAL be deta e State [FUNERAL DIRECTOR PHYSICIAN MPORTANT PHYSICIAN 22e ADDRES should be 0 23g BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 235 DATE (SPECIFY) CITY OR TOWN GEDAR HILL CEMETERY 11-12-85 BURTAT 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 W. C. MARCH F/H CO. 110 TESS E. NORTH AVE (VRA 15, 4)

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8 8 A		CEASED NAME FIRST		MIDDLE		ORE.	20. DATE OF DEATH	MONTH DAY YEAR / 1/5/85	26 HOUR 12 A M
pe 4 may b edte: pog matter de	3. SE	×F	4 RACE	3	5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEA MONTHS DAY YRS	
The state of the s		IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	Baltimore city of	_	MD.
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NG PHYSICIAN. The idea requires that the death certificat entending physician. The the certificote has been signed by the attending physic as the bought-traint permits. Then please sentere carbon pays thank Mental trygiene prior to burial, cremation, as remova arised at the management of the contraction, as removable of the contraction of the contracti		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA IMME Conditions, if ony, which gove rise to immediate cause (b), stating the underlying cause lass	DUE TO, O (b) DUE TO, O DUE TO, O	R AS A CONSEQUE HYPO X16	ENCE OF	NCEPHALOPHITT'		BETWEE	OXWATE INTERVAL EN ONSE! AND DRAIH
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Mar for re	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS YES	
SECIAN 1 ing physici certificate varial trans wentel thy	MEDICAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING ALEXA. 71d. IN JURY OCCURRED	DE DEATH HOUR A	OF INJURY .M. MONTH D. .M. OF INJURY	AY YEAR	216 HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	y in Item 18 Part i Orpart 2	1
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O HOSPITAL OR ATTEND promised by the hospital is O Equitated to Retrocked for use with the State Dept of thesi		22a certify that (1) (this the saw the deceased all to booke, (1) (worldwh) (do 22b SIGNATURE DID 12d PHYSICIAN'S NAME (1) FISKE Zec	e on	Lesure ERMAN	MD	d that in (my) (our) opinion do DEGREE ATTENDING PHYSICIAN 77e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	72c DA	-, that (1) (ref) lost he causes stated TE SIGNED
BP	23a.	BURIAL, CREMATION, REMO	236. DATE 11/8			ison Forest	23d LOCATION CHYOR TOWN Ownin	gs Mills	Md.
DHMH - 16 50M 4/83	24. F	UNERAL DIRECTOR Wm . C . Marc	h F/H 1:	101 EDRESS N	lorth		REC'D. BY REGISTRAR	REGISTRARSSIGN	Modelle

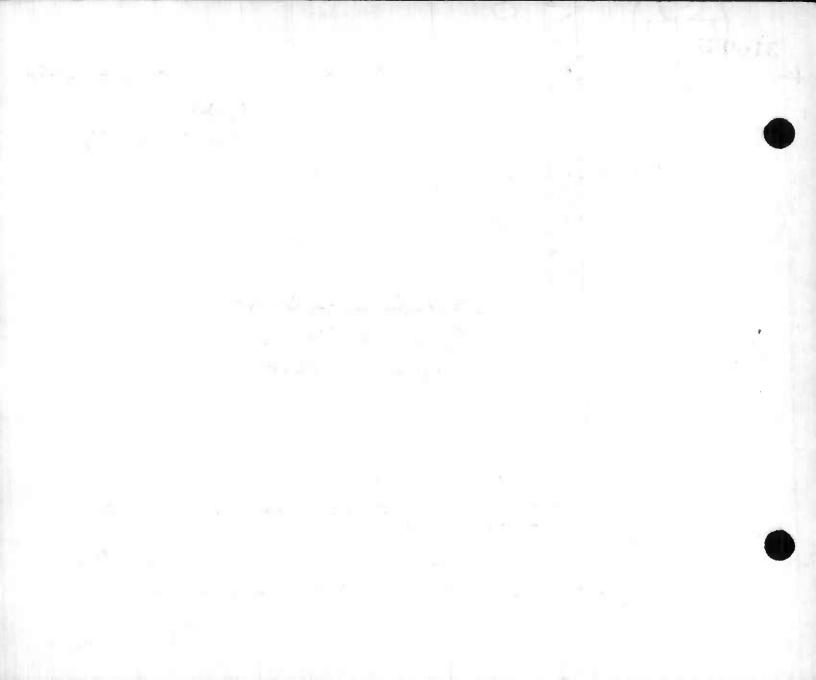


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH		REG.	NO.				- 3
		CEASED NAME	FIRST	4	MIDDLE	I	AST	20 DATE	OF DEATH		DAY	YEAR	26. HOL	UR D
			BABY	GI	RL	MC	DRRIS	NOV	EMBER	17, 1	985		3:58	8 m
	3. SE>	FEMALE		4. RACE WHITE		5. DATE C		6. AGE	IN YEARS LAST I	BIRTHDAY)	MONTHS	RIYEAR	HOURS	MIN,
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0	14 FA	THER'S NAME FIRST		WIDDIE	LAST		15. MOTHER'S MAIDEN N FIRST MARTH		MIDDLE	- 3	М	IAS		
		VAS DECEASED EVI		MED FORCES?	166. SOCIALSI	ECURITY NO.	17 INFORMANT		ADD	RESS				
			1				MARTH	A MORR	IS		ABOV	E		
		18 CAUSE OF DE	ATH (Enter on	ly one couse per	line for (a), (b)	, ond ic					В	APPROXI	MATE INTE	RVAL D DEATH
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		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	216 HOW INJURY OCCU	URRED (ENTE	r nature of in	JURY IN ITEM 18	PART I OR	PART 2)		
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	×	WHILE NOT AT	WHILE	(AT HOME STR	REET, FACTORY OFFI	CE FARM ETC)	SIREE							
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		saw the dece above (1) we	did idid no	t) view the body	ofter death.	9 <u>85</u> . or	nd that in (our) opinion	on deoth occu	orred on the	dote and ha	our and tr	om the	couses st	toted
		226. SIGNATURE		1.		2	DEGREE				22	. DATE	SIGNED)
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		Deb		20Un'	ts		27e ADDRESS	Hos	Kin	SH	OSI	ort	al	
-	23a P	SURIAL, CREMATION		23b. DATE		2. NAME OF C	EMETERY OR CREMATOR		OCATION	-				
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DHMH - 16 60M 7/84 (VRA 15, 4)

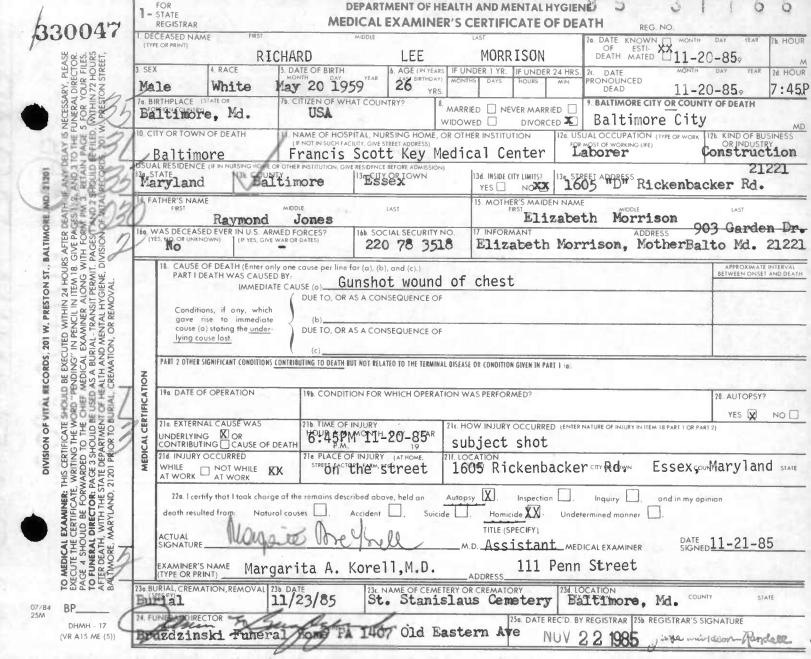
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IMPORTANT: If hem 21 is marked or Item 18 shows ony

24 FUNERAL DIRECTOR NAME

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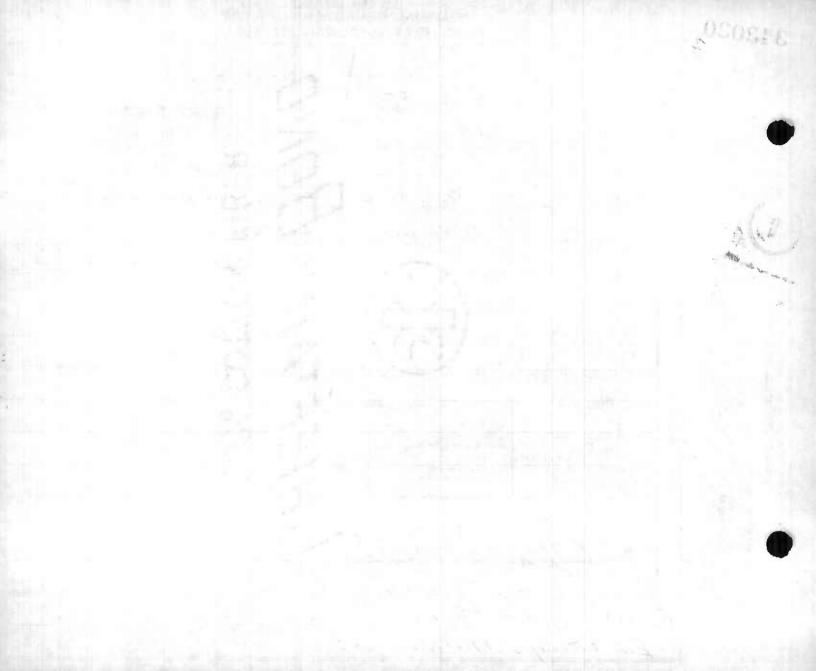
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CLAN, 1 physic of trons to 1 hyg en 18 s	177	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DEATH	D. TIME OF INJURY IOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUI	IY IN ITEM 18 PART I OR PART 2	?)
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TTENDIN piral or CTOR Af for set of af Reoff		22a.1 certify that (1) (1 saw the deceased abave, (1) (we) (die	olive on	11 3 .	0 -	d that in (my) (our) opiniar	, ta	ote and hour and fram t	
AL OF A the hor AL DIRE deforbed ant Dept. If, if here	1	22b. SIGNATURE	Gruser	~		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F , 11	TE SIGNED
FUNER PLANER	1	22d. PHYSICIAN'S NAA	NE PYPE OR BRINT)	VGUYEN		220 ADDRESS	rsity of	MARYLAN	p Hosp
D & 542 8	23a	BURIAL, CREMATION, RI			23c NAME OF C	METERY OR CREMATORY	23d LOCATION		
BP		BÜRIAL	11	1/27/85	UNION	VILLE CEM.		HARLES	STATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		Anne	ESS .		TE REC'D. BY REGISTRAR		4 - 666
(VRA 15, 4)		W.C. MARC	H F/H :	INC. 110	î E. N	ORTH AVE.	W 9 7 1095	The busy distance	-

COMMENT NAMED TO STATE OF THE PARTY OF THE P Anything American areas TOTAL SECTION OF THE PROPERTY OF The transfer of the second of

343030	1-	FOR STAIE- REGISTRAR			AND MENTAL HYGIEI CERTIFICATE OF DE		1 1 6 8			
3 200		CEASED NAME FIRST	WIDDIE		LAST	20 DATE KNOWN K				
2000 EH		Rosze			ulden	DEATH MATED	11 1619 85 N			
MY, PLE DIRECTION ON STRI	F	make Black	MONTH DAY YEAR LAS	E (IN YEARS IF UN BIRTHDAY) MONTE		PRONOUNCED DEAD	11 1619 85 p M			
O SECTION OF THE SECT	N	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	WIDOW		Baltimore city of	ce City,			
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	10 C	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD University I	DRESS)	7:00	SUAL OCCUPATION (TYPE OR MOST OF WORKING LIFE)	OF WORK 176 KIND OF BUSINESS OR INDUSTRY			
ANY DE AND 3 TO RETAIN HOULD BE	113a S		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		PEET ADDRESS	ER 51.			
	0	STHER'S NAME	MIDDLE MOUSE		15 MOTHER'S MAIDEN NAM	DIA	Alast			
MA SON NOSIN	16a \	VAS DECEASED EVER IN U.S. ARM ES. NO, OR UNKNOWN) IF YES, GIVE W	AED FORCES? VAR OR DATES)	CURITY NO.	Cecelia Plan	tee 2426	Linden 21217			
ESTON ST., IN 1784 18. (IN 1784	>	8147 IMMEDIATI	y one couse per line for (o), (b), ond (BY: E CAUSE (o) Multiple in DUE TO, OR AS A CONSEQU	njuries			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
201 W. PRE CUTED WITH IN PENCIL EXAMPLES RIAL TRAN ID MENTAL: ION, OR RE		Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying couse lost.</u>	(b)	ENCE OF	mar i					
BE EXECUTED OF THE PROPERTY OF	NOI		ONTRIBUTING TO GEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASI	OR CONDITION GIVEN IN PART 1 a					
E SHOULD WORD "PE CHIEF A BE USED." NIT OF HE.	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH		AS PERFORMED?		20 AUTOPSY? YES [X] NO [
DIVISION OF VITAL S CRETECATE SHOU RITING THE WORD " RED TO THE CHIE RED TO SHORT T	1000	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR AND MONTH DAY BEATH 1:50pm 11 16	YEAR 1985 Pe	ow INJURY OCCURRED (ENTER destrian struc		IRT 1 OR PART 2)			
DIVISIC HIS CERTI WRITING WADED T AGE 3 SH ATE DEPA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATH	OME, 211. LO	CATION TREET	CITY OR TOWN	e, BaltoCityMD.			
AMINEE T RTFICATE O BE FORM RECTOR P ITH THE ST REMAND, 2	>	A	of couses , accident .	d an Aut		Inquiry , and	l in my opinian			
MEDICAL EXACUTE THE CERT FOR A SHOULD FREE A SHOULD FREE FREE FREE FREE FREE FREE FREE FRE		ACTUAL SIGNATURE	word n	MA	DACTING Chiefe	DICAL EXAMINER	DATE 11/17/85			
TO MED EXECUTE PAGE 4 PO FUN AFTER 0	-	4	omas D. Smith, M.I			nn St. Balto	o.MD.			
07/84 BP	1		11-21-85 23c. NAME	of CEMETERY O	BURN E	OCATION OF TOWN OF TIMBLE	county Md, STATE			
DHMH - 17 (VR A15 ME (5))	74. F	E. L. Philly	PS POPERININ	roma i	250. DATE REC'D. B	IY REGISTRAR 256. REGIS	TRAR'S SIGNATURE			



DECEASED NAME TYPE OR PRINT 3. SEX Female To. BIRTHPLACE ISTATE OR FOREIGN Ukrain 10. CITY OR TOWN OF DEATH

FOR - STATE

Baltimore

Md.

4. FATHER'S NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

Mulkewycz

MARRIED NEVER MARRIED

5. DATE OF BIRTH

MONTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION Tair Convalesarium

Nov.

YG	IENE					
	REG. NO.					
	20 DATE OF DEATH MONTH	DA		YEAR	26 HOL	JR A
	11-2	4	-8	5	1:2	0 A
	6 AGE (IN YEARS LAST BIRTHDAY)	_		RIYEAR	IF UNDER	24 HRS
8	107 yrs	MO	MIHZ	DAYS	HOURS	MIN,
7	9 BALTIMORE CITY OR COUNT	Y O	F DE	ATH		
	Baltimore Ci	t	У	1		MD
	120 USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING LI	EE)		KIND O	F BUSINI	ESS OR
	Housewife		IIVD		_	

SUAL RESIDENCE (IF NO. 30. STATE	136 COUNTY	ISTITUTION GIVE RESIDENCE BEFORE ADMISSION

MIDDLE

IMMEDIATE CAUSE

4 RACE

Ukrainian

Ukrain

76 CITIZEN OF WHAT COUNTRY?

Baltimore

13d. INSIDE CITY LIMITS? NO [15 MOTHER'S MAIDEN NAME

DIVORCED

YEAR

187

13e.STREET ADDRESS / ZIP CODE 2812 White Ave.

MIDDLE

Unknown

ADDRESS 17 INFORMANT

Unknown

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN) No

18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:

Clemetine

166 SOCIAL SECURITY NO

217-74-6584 Semen Mychajlyshyn/2813 White

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse lost.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

S C		2 \		10
-	 -	ATE	0.5	- 05

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

Cockysvil

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE

71e PLACE OF INJURY CIPIET, FACTORY, DIVICE, FARM, ETC. 1

TH LOCATION

CITY OR TOWN

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

and that in (my) (our) opinion death occurred on the date and hour and from the cours stated DEGREE

ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

FUNERAL Culd be deto Luis Rivera M.D.

Burial

230 BURIAL CREMATION, REMOVAL

11/27/85

231. NAME OF CEMETERY OR CREMATORY Ukr. Nat'l Mem. Cem

22+ ADDRESS

20a AUTOPSY?

NO

. November

Washington

24 FUNERAL DIRECTOR

urial-transit j

18

or Item

DHMH - 16 60M 7/84

(VRA 15, 4)

CERTIFIC/

MEDICAL

Zeiler Inc

22d PHYSICIAN'S NAME (TYPE OF PRINT)

1901

Ave

- war was - Mandalle

DIVISION OF VITAL RECORDS,

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the followord and exclusive sept CT.

	١,	FOR • STATE			TE OF MARYLAND FHEALTH AND MENTAL HY	GIENE Ses or	MEDIC	AL EXAMINE
339144	L	REGISTRAR		CERT	IFICATE OF DEATH	REG. NO	11010	10 0/0///
y be mae 3 death		CEASED NAME FIRST	(NI	MN) Mu	llen	20 DATE OF DEATH	29, 19	85- 417PM
	3. SE	Male	ancas 1	MO	OF BIRTH	6 AGE IN YEARS LAST BIRTH	MON1H5	DAYS HOURS MIN.
	19/B	RTHPLACE (STATE OR FOREIGN COUNTRY) RANGE, OHIO	76. CITIZEN OF WI	HAT COUNTRY?	HED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEA	ATH
		TY OR TOWN OF DEATH	11. NAME OF HO	11100	WED DIVORCED E	128 USUAL OCCUPATION	WORKING LIFE) INDL	D OF BUSINESS OR
12001 Lin by be file	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GO	VE RESIDENCE BEFORE ADMISSIO			GINEER	STEEL
24 ho	7	ARYLAND HA	RFORD II	BELAIR	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	21014 VILLAGE DR
RYLA vithin		ATHER'S NAME	WIDDLE		15. MOTHER'S MAIDEN N		0111111	LAST
make w	1	ANDREW		MULLEN	MARY			MURPHY
AORE,	160	VAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	66 SOCIAL SECURITY NO		ADDRES		21014
be exe on on on rs. Page		NO	27	70-09-2946	STEPHEN C.	KELLEY205		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician. After this certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remove carbonopapers, Pages, I and 2 should be file that and Mental Hygiene prior to burial, cremation, or removal. arked ar frem 18 shows any injury, ar other traumatic event, the medical examiner mestipena		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	nly one couse per lin ED BY: TE CAUSE (0)	ardio P	Monary	Arrest	BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
death ce attending ave carbi			DUE TO, OR A	AS A CONSEQUENCE OF				
e dec move nation traur	L	Conditions, if any, which gove rise to immediate	(b)	Dep	5/5			11/2/
on W. I that the d by the ease re ial, crer		couse (a), stating the underlying couse lost	DUE TO, OR A	AS A CONSEQUENCE OF	Body Surface	e Anea B	UMS	4/19
quires quires signe hen pl ta buri	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CON</u>	ITRIBUTING TO DEATH B	UT NOT RÉLATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN P.	ART 10
faw re frank a sen s n	CERTIFICATION	190. DATE OF OPERATION	1%. CONDITION	ON FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	20% IF YES, WERE IN CERTIFYING C	FINDINGS USED
TALR The fiction. The fiction. The fiction.		210. ACCIDENT WAS UNDERLYING	216. TIME OF	degree Bu	ma	YES NO	YES 🕞	NO 🗌
SICIAN: TI ng physici certificate rial-transit ental Hygis frem 18 sh		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DAY YEA	RS How	RRED (ENTER NATURE OF INJUR	IN ITEM 18 PART 1 ORP	'ART 2}
DING PHYSICIAN: or attending physics attending physics as the burial-store of the and Mental Hymarked ar item 18	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF		211. LOCATION STREET	CITY OR TOW	vn cou	JNTY STATE
DIVI OING or affer os fl	9	WHILE AT WORK AT WORK	Home		19	C. 11/2	9 8	
TENDIN Ital or OR. Aft OR. Aft Health	1	220.1 certify that (1) (this hasp saw the deceased alive or	11/29	19 8 8	and that in (my) (aur) apinio	n death occurred on the do	te and hour and fro	om the couses stated
OR ATTEN he haspital DIRECTOR, cached far us Dept of He	1	above, (H)(we) (did) (did no 27b. SIGNATURE	ot) view the body of	ter deoth.	DEGREE			DATE SIGNED ,
		Must	m US	town 1	ATTENDING PHYSICIAN	MEDICAL STAF		11/29/35
HOSPIT Prined by FUNER Buld be In the St		22d. PHYSICIAN'S NAME ITYPE	GRPRINT)	eterson	1220 ADDRESS	Scott	Ken 1	Hospital
Of of Shape	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME O	CEMETERY OR CREMATORY	23d LOCATION	COUNT	y STATE
BP		CREMATION	DEC. 2	'85 GREEN		TERY BALT	IMORE. I	MARYLAND
DHMH - 16 50M 4/83		UNERAL DIRECTOR	10010	ADDRESS	1 6	ATE REC'D. BY REGISTRAR 2		IGNATURE
(VRA 15, 4)	NI	LLIAM E. JOHI	NSON8521	L LOCH RAV	EN BLVD. L	- 4 B05	ם רשוישו ששייי	MOI OF WALKER



George J. Gonce 4001 Ritch1e Hgwy Balto Md

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

IF UNDER 24 HRS

1985

Roofing

COUNTY

250/10 DO RESISTENCE SIENTALIANIE

22c. DATE SIGNED

STATE

MdSTATE

IF UNDER I YEAR

met tone country can find and and

in the second of
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 336018 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b HOUR TYPE OR PRINTS 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS To BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED WIDOWED 12b. KIND OF TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Secretary U.S. Gov. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE & FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Fairford Ct. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN 446 I (IF YES GIVE WAR OR DATES) chael BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY DIDPUMONARY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF LUNG CA. MUTASTATIC Conditions, if any, which gave rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 280 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) OH 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION ö CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on_above, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT be St 22e. ADDRESS HMILY PRACTICE ild b REEDIMMU m. 1 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Md . STATE New Cathedral Cem. Balto. Nov. 26, 1985 Burial BP 4. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE Schwab 5151 Balto.
Balto. Md. 21229 National DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND

REG.	NO.
REG.	INC.

	REGISTRAR				CLKIII	CAILOID	LAIII		REG. NO				
	ECEASED NAME	FIRST	N	MIDDLE	-1	AST		2a. DATE OF	DEATH A	NONTH DAY	YEAR	26 HOUR	}
1	PE OR PRINT)	bert	Eu	gene	Mye	rs Jr.		Novem	mber 1	8, 198	5	7:10) A
3. S	EX	4. RA	ACE		5. DATE C			6 AGE (IN Y	EARS LAST BIRTH		INDER 1 YEAR		-
	Male	V	hite	District to	Aug	. 21, 1	935	50		YRS.		HOURS	MIN
7a.	BIRTHPLACE (STATE OR	FOREIG 76 C	ITIZEN OF	WHAT COUNTRY?	8 MADDIE	DE NEVER A	APRIED	9. BALTIMO	RE CITY OF	COUNTY OF	DEATH		***
No.	New Jersey		J.S.A.		WIDOWE	D DN	ORCED 🗍		more				MD.
	CITY OR TOWN OF DEA		IF NOT IN SUCI	OSPITAL, NURSING HFACILITY, GIVE STREET A S SCOTT R	DDRESS)			IZO USUAL C LIYPE OF WORK Sr. Sy	FOR MOST OF	working life) Analy	INDUSTRY	Stee	_
13a	UAL RESIDENCE (IF NURS STATE Maryland	Baltim		give residence before 13: CITY OR TOWN Dundalk		13d, INSIDE CI	NO 🛣	7011	ADDRESS / Dunhi	ZIP CODE 11 Road	d 21	222	
13.1	FATHER'S NAME	MIDDL) ACT	W. T		MAIDEN NAM						
V	Robert Euge	ene		Myers Sr	· ·	Hetti	e e	Vi	rgini	a	Ruhr	baugh	
160	WAS DECEASED EVER			166 SOCIAL SECUR	RITY NO.	17 INFORMA	NT		ADDRES	5			
	WAS DECEASED EVER	(IF YES, GIVE WAR	OR DATES]	145-28-7	7694	Dorot	hea E.	Myers	same	as 13	e		
-	18 CAUSE OF DEAT	H (Enter only on	0.4004.004	line factor the and	Lieva						APPROX	ONSET AND D	/AL
CERTIFICATION	PART 2 OTHER SIGN	P last	(d) DITIONS <u>CC</u>	AS A CONSEQUE HIP PLV CI INTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	20a AUTO	PSY?	206 IF YES, W	ERE FINDI	NGS USED	H?
E						10		YES A	NO	YES [NO Z	
	OR CONTRIBUTION	the state of the s	216. TIME OF	M. MONTH DA		ZIC HOW IN	JURY OCCURR	ED (ENTER NA	TURE OF INJURY	IN ITEM 18 PART	I OR PART 2)		
MEDICAL	216 INJURY OCCUR		P./ 21e PLACE (19	21f. LOCATIO	144						
MEC	WHILE NOT WE AT WO	HILE		EET FACTORY OFFICE FA	IRM, ETC]	STREET			CITY OR TOW	N	COUNTY	51	ATE
	220.1 certify tha	(this haspital) o	10/2	5 19 8			, 19 82 (aur) apinion d	, ta leath occurre	10/25 d on the dat	e and haur ar	nd from the		
	22h SIGNATURE	Euros	0	D C	-	DEGREE	TTENDING V	MEDICAL	STAFF	-17/6	22c. DATE	SIGNED	
1	22d. PHYSICIAN'S N	KONE TON CANA		uppix	7 '	122e ADDRES	TTENDING PHYSICIAN	DIRECTOR	☐ PHYSICI	AN 🗌	11/	13/8	5.
	Gary B.			F - III			t. Paul	Place	212	02			
230	BURIAL, CREMATION,		b DATE		AME OF C	EMETERY OR C		123d LOCA		.02			
1 30	(SPEC(FY)							CITY	OR TOWN		OUNTY		ATE
74	Cremation FUNERAL DIRECTOR		L1/20/	1300 [GL6	en M	ount Cr	ematory 1250 DATE			e City			

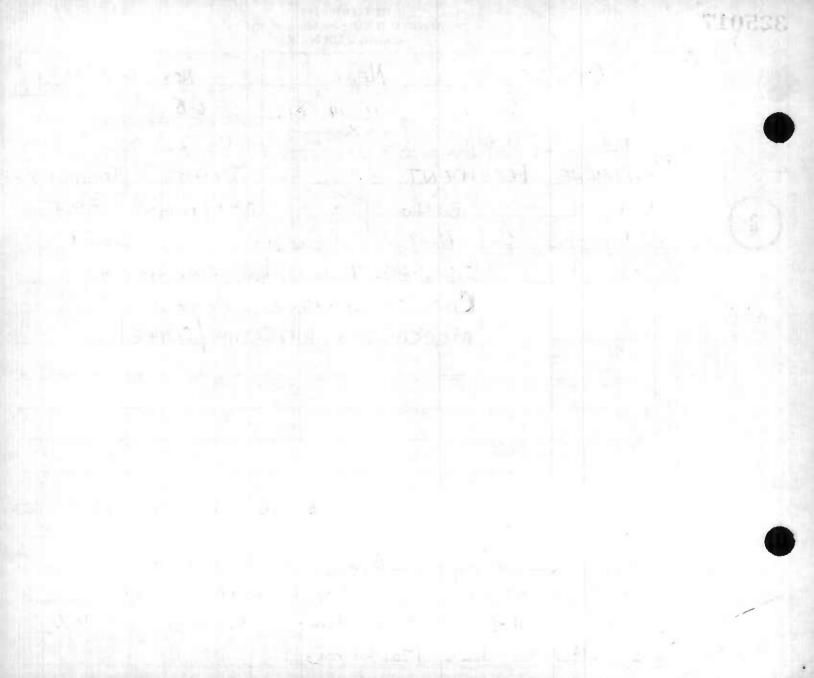
Walter Brooks Bradley, Inc. Dundalk, MD 21222

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNETAL DIRECTOR , should be detached for use with the Snate Dept. of Hea

MAPCREANT. II

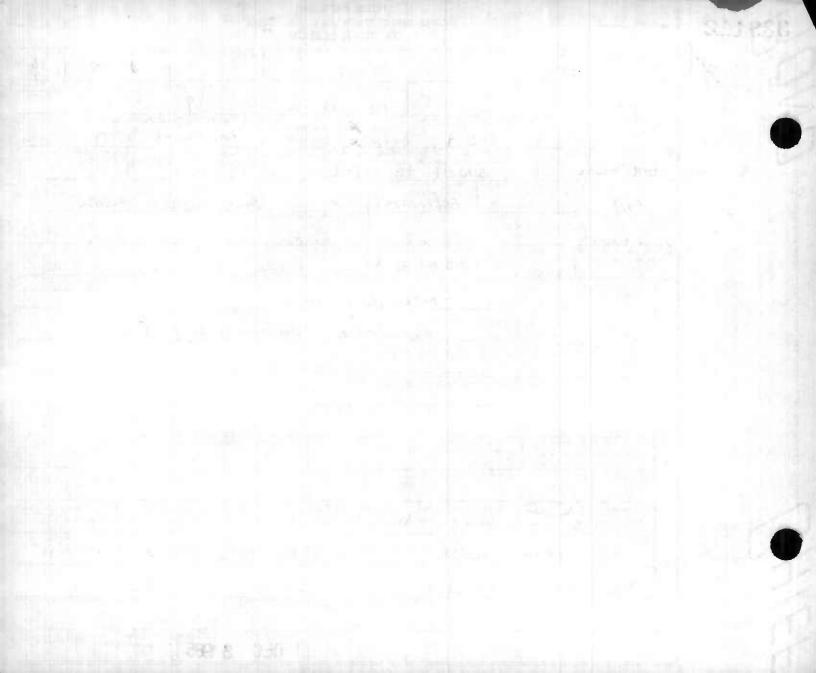
325017	١,	FOR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG	HENE & 5	1 1 / 4
X		STATE REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 2b. HOUR
be 3 ge 3 leath		GEORGE GEORGE	ϵ	NEAL		6 85 910 PM
Page 4 may be director, page 3 nous after death	3 SE	X .	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
th. Page ool direc 72 hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNTY	OFDEATH
fune thin 7	10.0	TY OR TOWN OF DEATH		WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
by the filed w	K	ALTIMORE	FROVIDEN	T	TYPE OF WORKING LIFE	Transportation
241 our	130.	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEF NTY 13c CITY OR TO		3001 Springhil	21215
	14 F	THER'S NAME OFFIST OVENCE	MIDDLE G. NO. A	15 MOTHER'S MAIDEN NA		Semalt
e execused properties of the p		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SE	CURITY NO. 17 INFORMANT	al 301 Sor	inchill
e s a		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per los (or (a), (b),	ond to	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on one eve		PART I. DEMINIT WAS CAROUS	TE CAUSE (0)	NO RESPIRATOR	4 ARREST	
e deoth ce attendin nave corb ration, or i		Conditions, if any, which gave rise to immediate	(b) AS CONSEC	CARDIAL INFAR	ECTION STROKE	=
ING PHYSICIAN: The low requires that the death certificate be executed rithin 24 rours rattending physician. The state has certificate has been signed by the attending physician and constitute that in by street has certificate has been signed by the attending physician and constitute that has a street that the street of t		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF	•	
quires t signed hen ple ta burio	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIV	VEN IN PART TO
been mit. I prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
SICIAN: TI ng physicic certificate unol-transit tem 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	AIH	DAY YEAR	RED (ENTER NATURE OF INJURY IN 11EM 18	PART 1 OR PART 2)
A My	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	19 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DINC or o or o se os se os colth		220.1 certify that (I) (this hosp	nital) sattended the deceased from	M NOVEMBER 10 19 8	5 to NOVEMBER 16	19
TTEN prital CTOR for u of Hi		sow the deceased alive a	of view the body after death.		death accurred on the date and have	22c. DATE SIGNED
4 0 4		Chief G	ennina	MD ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	The DATE SIGNAL
Ste ER			Control of the Contro	22e ADDRESS		
0 0 20 4 2		ERIC B	ENNING		DANDA P.O. B	0x 11
TO HOSPITAL TO FUNERAL Should be del with the Store		BURIAL, CREMATION, REMOVA	ENNING 1 23b DATE 11 -20-85		PANDA P.O. B	COUNTY



319054	1 -	FOR STATE REGISTRAR	DEP		EALTH AND ME		IENE REG. NO	0.	1 2	1 3
noy be		CEASED NAME FIRST JOCK	WIDDLE	Ne	Ison		2a DATE OF DEATH	MONTH DA	DE DE	3:55% M
ge 4 moy ector. po	3. SE	Male	4. RACE Black	5. DATE C		YEAR 43	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
eath. Po. neral dir n 72 hours	Ne	RTHPLACE (STATE OR FOREIGN COUNTRY) W YORK	76 CITIZEN OF WHAT COUNT	MARRIEI	D NEVER MA	ARRIED ORCED	9 BALTIMORE CITY O Baltimore		OF DEATH	MD.
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rtano 21201 irhin 24 haurs of 2 should be file inermissibe ho	13a S Ma	AL RESIDENCE (IF NURSING HOME OR ITALE 13b. COUNTY)		TOWN	100.00	10 🗌	13e STREET ADDRESS / 605 E. 43r		21212	
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ritific on gop emove		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA)		hondiens					BETWEEN C	MATE INTERVAL ONSEL AND DEATH
NG PHYSICIAN: The low requires that the death cer attending physician. When this certificate has been signed by the attending as the burial-transit permit. Then please remove carboth and Mental Hygiene prior to burial, cremation, arreported or team 18 shows any injury, ar other traumatic elements.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSI	ococcel	Spri.	S				
requires that the requires that the signed by the Then please rem in ta burnal, cremaininy, ar ather t	NO	PART 2 OTHER SIGNIFICANT	00	TO DEATH BUT	NOT RELATED TO	O THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART IIO	1
TAL RECOR	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATIO	N WAS PERFORM	MED	20a AUTOPSY? YES NO	206 IF YES, IN CERTIFY! YES	WERE FINDIN	OF DEATH?
HYSICIAN: The Istador of the Istador or Ista		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJUR	IV IN ITEM 18 PAR	IT I OR PART 2)	
ENDING PHYSION of or attending NR. After this ce use os the burith Health and Meris morked or its	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME_STREET, FACTORY, OF	FICE FARM, ETC)	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
			4.6.6	or		19	, to	ste and hour (and from the a	
by the hosp by the hosp ERAL DIREC State Dept.		22b. SIGNATURE	Boly		PH	TENDING TYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		22c DATE	SIGNED
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BP		Burial Burial Burial			Memoria	l Parl			Maryl	
DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR NAME 11ey - Douglass	Funeral Home		Calhoun	116	PREC'D. BY REGISTRAR DV 13 1985		AR'S SIGNATI	



339112	r.	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		3 1 1 7 5
oy be		CEASED NAME FIRST EDDIE	MIDDLE		w6Y	REG. NO. 20. DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 25 HOUR 36 M
ector.	3. 3E	M	B	MONTH 03	DAY YEAR	89 YRS	MONTHS DAYS HOURS MIN.
Poor Poor		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNT	CITY MD.
ofer d		BALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST SINAI	RSING HOME C REET ADDRESS) HOSP		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING KETINED	12b. KIND OF BUSINESS OR INDUSTRY
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ed within ompletely and 2 sh	14. F/	ATHER'S NAME FIRST WILDOWT	MIDDLE LAST	011	15. MOTHER'S MAIDEN NA	WE	Byrd
be execut on ond co s. Poge (1		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATEST 218- D	7-5613	Mary Made	den 2409	Shirley Ave
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physicion. Wher this certificate has been signed by the ottending physicion and rampletely filled into the state of the principle of the please remove corban papers. Page 1 and 2 should a thond Mental Hygiene prior to burial, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, the medical examiner must be accepted.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	delasto OUENCE OF		noma of prost	
The low reicion.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
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TO O S S S S S S S S S S S S S S S S S S			ottended the deceosed from 11 · 29	-	nd that in (fix) (our) pinion	to 11 29 death occurred on the date and h	19, that (1) we lost our and from the causes stated
PITAL OR ATTI by the hospit IERAL DIRECTO se detoched for Stote Dept. of ANT: If Item 21		Menak.	shi Patel		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11 - 29 - 85
TO HOSPITAL efformed by it TO FUNERAL should be det with the Store		MEENAKSH	PATEL		22e. ADDRESS S/NA		
BP		BURIAL, CREMATION, REMOVAL Burial	12/5/85		on Forest Vet	23d LOCATION CITY OF TOWN OWINGS Mills	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	uneral director NAME Wm C March F/H	West, 4300 Wa		ve. 250 DAT	E REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH (AKA Cahill) OR PRINT 3. SEX 4. RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS White 1895 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Md. U.S.A. Baltimore City WIDOWED JO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker 13n STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 21205 4902 Wilbur Ave. Md Baltimore 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE unknown Charles Jennie Jones 160 WAS DECEASED EVER IN U.S. ARMED FORCES APO Howard St. 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES GIVE WAR OR DATES! 150-03-1536⊅2 James R. White Dumfreys, Va.22026 no 18. CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: erebral VARCULOR Accid 4 weeks IMMEDIATE CAUSE (a) VASCULAR DISEASE Atheoscleone Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse NONE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION NONE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? None NONE NO 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART 2 00 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR latu MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS 0 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET FACTORY OFFICE FARM ETC 1 STREET NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. __, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did) (did nat) view the body after death 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR 22e ADDRESS 230. BURIAL CREMATION REMOVAL 23r. NAME OF CEMETERY OR CREMATORY [SPECIFY] CITY OF TOWN Burial 11/4/85 Baltimore Loudon Park Md. 24. FUNERAL DISCRIMUNEK Funeral Home, Inc. 250. DATE REC'D, BY REGISTRAR 255. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 3331 Brehms Lane, Balto, Md. (VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI

CERTIFICATE OF DEAT	REG.	NO.				
LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	R
NICHOLS		11	16	85	10	200
5. DATE OF BIRTH	6. AGE (IN YEARS LAST 8	IRTHDAY)	IF UNI	DERIYEAR	IF UNDER	24 HRS
MONTH DAY YE	AR 25		MONTH	S DAYS	HOURS	WIN.

4 RACE 3. SEX To BIRTHPLACE ESTATE OR FOREIGN

COUNTRY? MARRIED

HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DIVORCED

BALTIMORE 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

BALTIMORE CITY OR COUNTY OF DEATH

12b KIND OF BUSINESS OR INDUSTRY

BALTIMORE ISUAL RESIDENCE (IF NURSING HOME OR

LAST

UNION MEMORIAL HOSPITAL

NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d INSIDE CITY LIMITS?

13e STREET ADDRESS_/ ZIP

60 WAS DECEASED

FOR

DECEASED NAME

- STATE REGISTRAR

(TYPE OR PRINT)

COUNTRY

ID. CITY OR TOWN

14 FATHER'S NAME

130 STATE

166 SOCIAL SECURITY NO

17 INFORMANT

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH "Enter only one cause per line for tal, (b), and ic PART I. DEATH WAS CAUSED BY BRAIN IMMEDIATE CAUSE to A CONSEQUENCE OF Conditions, if ony, which

ARACHMOIN

AND INTRAVENTRICULAR

20b. IF YES, WERE FINDINGS USED

COUNTY

gove rise to immediate cause (a), stating the underlying couse lost.

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

710. ACCIDENT WAS UNDERLYING

19a DATE OF OPERATION

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

200 AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? NO F

STATE

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

21e PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

AT WORK

CERTIFICATION

MEDICAL

220 I certify that (!) (this hospital) ottended the deceased fram

and that in (my apinian deoth accurred on the date and from the causes stated

77h SIGNATUR 228 PHYSICIAN'S NAME (TYPE OF PRINT)

ATTENDING 22e ADDRESS

DEGREE

211 LOCATION

MEDICAL STAFF PHYSICIAN DIRECTOR

22c DATE SIGNED

BP

DIRECT Id be detached the State Dept

FUNERAL

DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DATE

ERRARO

23c NAME OF CEMETERY OR CREMATORY

UNION MEMORIAL

Se. DATE RECID. BY

33

CHARLES AND A STATE OF THE STATE OF

St. VIan

STATE OF MARYLAND

PERSONAL PARLORS AND THIS

	OR TATE		D		OF MARYLAND	L HYGIENE	5	3 1	8	A Registration
R	EGISTRAR EASED NAME	FIRST		MIDDLE Fra	azier	20.	DATE KNOWN OF ESTI-		DAY YEAR	26 HOUR
SEX F		E 5	DATE OF BIRTH	CES VS. 6. AGE (IN YEARS LAST BIRTHDAY)	Noble IF UNDER 1 YR. IF UNI	DER 24 HRS. 2c.	DATE	MONTH	DAY YEAR	2d HOUF 7:05
FORE	IGN COUNTRY)	76		AT COUNTRY?		ARRIED	BALTIMORE CITY	OR COUNT	Y OF DEATH	la M
I	Baltimore		NAME OF HOSP (IF NOT IN SUCH FACE 2608 E	LITY, GIVE STREET ADDRESS) . Hoffman St	reet	FOR MOST	OCCUPATION (T		126. KIND OF BU	
NA.	Tyland	136 COUNTY	THER INSTITUTION, GIVE		YES NO		ADDRESS HO	FFMAN	ST. 2	3
O	rman			Garrett	Sarah	AIDEN NAME	E.		razier	
(YES	, NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	219-40-65		E. Und				
	gove rise to cause (o) stating lying cause last.	immediate the <u>under</u>	(b)	as a consequence of	L DISEASE OR CONDITION GIVEN I	N PART 1 (g)				
KIIIKAIIK					1 (0)				YES 🗆	NO X
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	death resulted from	Manurat o	বিটা	Accident Suici	He , Homicide TITLE (SPECIFY M.DActing (Undetermi	ned monner	DATE XXXX	s_11/21	
	TYPE OR PRINT)	111								
	SEX F BIR FOREST	STATE REGISTRAR RECEASED NAME TYPE OR PRINT) SEX I RAC F BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND CITY OR TOWN OF DE. Baltimore UAL RESIDENCE (IF IN NU. STATE OR O'THAN WAS DECEASED EVER (YES, NO. OR UNKNOWN) 18 CAUSE OF DEAT PART I DEATH W Conditions, if gove rise to cause (o) storing lying cause last. PART 2 DTHER SIGNIFICAN 19a. DATE OF OPERA 21a. EXTERNAL CAU UNDERLYING CONTRIBUTING 21d INJURY OCCUR WHILE AT WORK AT W AT THE TOP THAN ACTUAL SIGNATURE	STATE REGISTRAR BECEASED NAME TYPE OR PRINT! SATA EX 4 RACE F B BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND CITY OR TOWN OF DEATH Baltimore UAL RESIDENCE (IF IN NURSING HOME OR O STATE NOTITION WAS DECEASED EVER IN U.S. ARMEE (YES, NO. OR UNKNOWN) 18 CAUSE OF DEATH (Enter only o PART I DEATH WAS CAUSED BY IMMEDIATE C Conditions, if any, which gove rise to immediate cause (o) stoting the under- lying cause last. PART 2 DIHER SIGNIFICANT (DNDITIONS CON 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT UNDERLYING AT WORK 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	STATE REGISTRAR BECEASED NAME PREST SATA Fran EX A RACE BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND CITY OR TOWN OF DEATH STATE BALLIMOTE U.S. A STATE TOWN OF DEATH FATHER'S NAME NOTITION WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) TO 18 CAUSE OF DEATH (Enter only one couse per line of PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a) stoting the under- lying cause last. CONTRIBUTING OR THE SIGNIFICANT (DIDITIONS CONTRIBUTING TO DEATH BY 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. INJURY OCCURRED WHILE AT WORK AT WORK THE TOTAL CAUSE AT WORK THE TOTAL CAUSE OF DEATH NAME OF HODE STREET, FACTO STREET, FACTO AT WORK THE TOTAL CAUSE THE TOTAL CA	STATE REGISTAR MEDICAL EXAMINE DECEASED NAME PREST TYPE OR PRINT) SATA FRANCE SATA SAT	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE DECEASED NAME PRESIDENCE (FIRST SATA FRANCES VS. NOble EX	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH PRECEASED NAME PRECEASED NAME SATA Frances vs. Noble EX	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FOR FIRST SATA FOR FIRST SATA FOR FOR PRINTING SATA FOR STATE FOR PRINTING SATA FOR STATE FOR PRINTING SATA FOR STATE **STATE** **STATE** **PAGE AS SATE OF BERTH S. AGE (REYEAR) MODRE PRODUCE OF BEST DEATH MATED 11 **STATE OF BERTH S. AGE (REYEAR) MODRE PRODUCE DEATH MATED 11 **BERTHPLACE (STATEOR OF BERTH S. AGE (REYEAR) MODRE DEATH MATED 11 **BERTHPLACE (STATEOR OF BERTH S. AGE (REYEAR) MODRE DEATH MATED 11 **BERTHPLACE (STATEOR OF BERTH S. AGE (REYEAR) MODRE DEATH MATED DEATH MATED 11 **BERTHPLACE (STATEOR OF BERTH S. AGE (REYEAR) MODRE DEATH MATED DEATH MATED 11 **BERTHPLACE (STATEOR OF BERTH S. AGE (REYEAR) MODRE DEATH MATED DEATH MATED	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. PECEASED HAME Frances VS. Frazier NODIE Sara Frances VS. Frazier NODIE SARA Frances VS. Frazier NODIE SARA Frances VS. Frazier NODIE SARA Frances VS. Frazier NODIE SERIHPLACE STANE OR SOCIAL SECURITY NO. BESTIMONOUS COMMENT OF THE PROMOTE	

W. PRESTON ST.

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10313	Unit			Un
	runcan 1	11-54 7877 Christine		o't
		Terwite A In		

Burial L1-17-55 Arrunts Perorial Park Arbutus, Delvo. Co. No. No. No. 1810. Jones, Jr. Fh 41 to 50 ond on Ave

Items 18-22a 1/6/86 mib F 6 1 - STATE 325013 REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-THE FUNERAL DIRECTOR.
AGE 5 FOR YOUR FILES.
ELLED, WITHIN 72 HOURS
201 W. PRESTON STREET, Marie Paula Offney DEATH MATED 1619 85 4. RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 2:10 Feb. 8, 1968 Female White DEAD 1619 TO BIRTHPLACE (STATEOR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore, Md. USA DIVORCED Baltimore City WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Baltimore Student High School University Hospital 13d. INSIDE CITY LIMITS? 2105 Fairlane Road 21014 Harford Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Offney Riggs Jones Constance Gilmore Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT BETSAIR, Md. 21014 Mrs.Constance J.Keck, 618 E.MacPhail Road 17 INFORMANT 214-70-9186 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cerebral vasculitis DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND MEI AL, CREMATION, C lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? 78 AUTOPSY? PRIOR JO BURIAL, YES X PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTJMORE, MARYLAND, 21201 PRIOR JO BL TIG EXTERNAL CAUSE WAS THE TIME OF INJURY THE HOW INJURY OCCURRED GENTER MATURE OF RELIEV IN THIS IS PART TO BE PART TO HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING [] CAUSE OF DEATH & PLACE OF INJURY TH LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, 530 CITY OF TOWN COUNTY STATE X 72s. I certify that 1 bok Inspection and in my apinion death resulted fra Undetermined manner TITLE (SPECIFY) ACTUAL DACTING ChiefEDICAL EXAMINER 11/17/85 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Bel Air Memorial Gardens Burial Nov.20,1985 Bel Air Harford Md. 25M 24 FUNERAL DIRECTOR **DHMH - 17** Howard K. McComas III, Abingdon, Md. 2100 9 (VR A15 ME (5))

STATE OF MARYLAND

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FOR - STATE

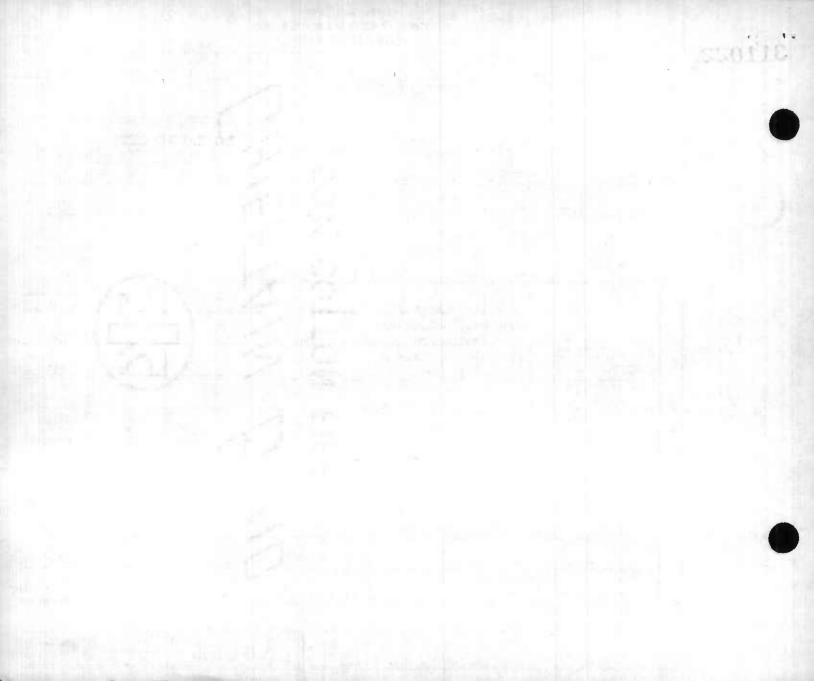
STATE OF MARYLAND

STAIL OF MAIL	E PATE D
EPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF	DEATH

REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2h HOUR NOVEMBER 3,1985 04:18AM O'GRADY MARIE Lvnn S DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE 3. SEX MONTH Female. 10/17/39 Caucasian MIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED EXNEVER MARRIED BALTIMORE CITY Ohio U.S.A. DIVORCED 126. KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIVE OF WORK FOR MOST OF WORKING LIFE THE JOHNS HOPKINS HOSPITAL Housewife BALTIMORE 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Anne ArundelGibson Island 149 Broadwater Way 21056 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Kurt J. Burkhart Marguerite D. Danison Mr. Daniel O'Grady 166 SOCIAL SECURITY NO 17 INFORMANT 21056 149 Broadwater Way Gibson Island, MD. No 275-38-2284 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY. month IMMEDIATE CAUSE (a), Consenital Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. neumonia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED N CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING T CAUSE OF GEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM, ETC 1 STREET NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an , and that in (my) (aur) opinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death DEGREE 22¢ DATE SIGNED 22b. SIGNATURE PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OF TOWN [SPECIFY] Nov. 7, 85 Mansfield Mem. Park Burial Mansfield Richland 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO Loring Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, MD. 21133

DHMH - 16 60M 7/B4 (VRA 15, 4)



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TMENT	OF	ME	ALT	H AMP	MENT	AI	HV

y.	FOR - STATE REGISTRAR				EALTH AND MENTAL HYGICATE OF DEATH	IENE Ö D	10	9 1 3	O ~{
	CEASED NAME FIRST		MIDDLE	1	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(TYP)	E OR PRINT) HELEN		T. OL	SZ.	EWSKI		11- 2	6- 85	245 AN
3. SE		RACE	5. D	ATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	FEMALE	CANCA	SIAN	MONT	- 17 - 1918	67	YRS	MONTHS DATS	HOURS MIN.
		. CITIZEN OF	WHAT COUNTRY?	A DDIC	A NEVED MARRIED	9 BALTIMORE CITY		OF DEATH	
	(aryland	U.S	A. WI	ARRIE	D NEVER MARRIED DIVORCED	BALT	mor	E CIT	Y. MD
700	ITY OR TOWN OF DEATH	1. NAME OF	HOSPITAL, NURSING HO		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION		School
E	Baltimore /	Mercy	Hospital	33)		Crossing		Traf	fic
SU	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFORE ADMI	SSION)	A 124 IN ICIDE CITY I INVITED				
1	ryland Balti		Baltimore		13d. INSIDE CITY LIMITS?	7258 Stra) /.
-	ATHER'S NAME		1	933	15 MOTHER'S MAIDEN NAM	WE	O O O D I	Wey Richard	
V	Joseph	DDLE	Pizlo		Veronica	MIDDLE		Cicha	1
	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	166 SOCIAL SECURITY	NO.		ADDR			12 27060
1	YES, NO OR UNKNOWN) (IF YES GIVE I	WAR OR DATES)	220-010699	0	17 INFORMANT Ronald C.Olsz	ewski 4429	Prosp	ect Rd.	id•×1000
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY	line for (a), (b) and (c)		on Failure			BETWEEN	MATE INTERVAL ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	r as a consequence	N	klastatic Brea	st Cancer	-	30	jrs "
NO	PART 2 OTHER SIGNIFICANT CO	maes 6	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART In	0
CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH OPER	RATIO	N WAS PERFORMED	YES NO M	IN CERTIF	S, WERE FINDING YING CAUSES	OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DAY	YEAR 19	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 P	ART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, E	TC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	220.1 certify that 12 this hospital sow the deceased alive on	d) of jet ded th	e deceased from	No	nd that in (my) (out) opinion of	to Wov	26		that (we) lost
	above, (1) (we) (did) (did not)					rearn accurred on the a	are and hau		
13	22b. SIGNATUR	(assaly		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		220 DATE	26-85
	224. PHYSICIAN'S NAME (TYPEORE	ADY			220 ADDRESS MERCY	HOSPITT	82		
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 11/29	1		emetery or crematory unislaus Cemet	23d LOCATION CITY OF TOWN	ore C:	COUNTY	STATE
-		1~1			OCHIOL	A DOTTOTING	ALG OI	LY MELT	VIANO

DHMH - 16 60M 7/B4 (VRA 15, 4)

George A. Weber & Sons Inc. 705 S. Ann St. 21231

NOV 26 1835 PREGISTRAR'S SIGNATURE is the was a come parposed period of the second se

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STATE OF MARYLAND DE

PARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CEI	RTIFICATE	OF DEATH	

TE OF DEATH	REG.	ı
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REGISTRAR				REG. NO).	
DECEASED NAME FIRST	MIDDLE		LAST	2a DATE OF DEATH	MONTH DAY YEAR	2h HOUR
	vmond Orem			11-	23-85	2:200
SEX	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS
Male	White	MONT	-16-16	69	YRS MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF		
Maryland	U.S.A.	WIDOW	_	Baltim	ore City	N
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 126 KIND	OF BUSINESS O
Baltimore City	St. Agnes H		- Emerg. Rm.	Inspector		inahouse
SUAL RESIDENCE IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE	CE BEFORE ADMISSION				Corp.
Maryland 136 CO		imore	YES X NO	2409 Harri		21230
FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME		
Charles	-	orem	Florence	WIDDLE		arsh
WAS DECEASED EVER IN U.S.		AL SECURITY NO.	17. INFORMANT	ADDRE:	SS	arsii
(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	87338	Doris E. Ore	m 2400 Harri	ott Arro	21230
	only one couse per line for (0),		TIOLIS E. OLE	III 2409 Hall		XIMATE INTERVAL LONSET AND DEATH
PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTION SOLUTION FOR	road in	Aase2; 5	NINAL DISEASE OR COND	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	NGS USED
				YES NO	YES 🗌	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED	DEATH HOUR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	19
21d. INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM 61C 1	211 LOCATION	CITY OR TOV	vn COUNTY	STATE
WHILE NOT WHILE AT WORK	INTERIOR STREET, PACTORY	WICHE, PARM EIL)			c	
	spital) attended the deceased		NOT 1985	_ to 23 US	19_5	though (we) I
sow the deceased alive	not) view the body ofter death	19 85,0	nd that in (my) (our) opinion	death occurred on the do	te and hour and from the	couses stated
226 SIGNATURE	A		DEGREE			ESIGNED
12000is	1 16 how	1	ATTENDING PHYSICIAN	MEDICAL STAF		23/80
22d. PHYSICIAN'S NAME (TYP	E OR PRINT		22e ADDRESS			
David A. Ju	1 1		C+ Acmos	s Hospital		
	ne		Sc. Agrie	s nospitai		
Burial, Cremation, Remov.		23c NAME OF C	CEMETERY OR CREMATORY	123d LOCATION		
BURIAL, CREMATION, REMOVA				23d LOCATION	COUNTY	Mary lähk

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attentional be detached for use as the busial-transit permit. Then please remove cannot the State Dept. of Health and Mental Hygiene prior to burial, crematian,

> DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	٨	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
1	TRENE	H ORF			11/16/85	3:40am
3.5	FEMALE	4 RACE	5. DATE MONI	OF BIRTH DAY /1906	6. AGE (IN YEARS LAST BIRTHDAY) 78 YRS	MONTHS DATS HOURS MIN.
-	BIRTHPLACE INTATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	ED NEVER MARRIED	Baltimore City OR COUNT	TY OF DEATH
	CHY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCI	HOSPITAL, NURSING HOME HEACILITY, GIVE STREET ADDRESS) THES HOSPITAL	or other institution	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Wrapper	12b. KIND OF BUSINESS OR INDUSTRY Store Dept.
12a	HALL ESIDENCE (IF NURS)	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN Catonsville	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP COI 1423 Barrett Ro	DE
-	FATHER'S NAME	MIDDLE E.	Tarr	15. MOTHER'S MAIDEN NA	MIDDLE	Jones
160	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) HE YES, GIVE	MED FORCES? E WAR OR DATES)	166 SOCIAL SECURITY NO. 215404892	Irene Henri	ADDRESS Letta Orf 1423 Ba	arrett Road 2120
2		((c)	R AS A JONSEQUENCE OF	rupture	Ventrizulan W MINAL DISEASE OR CONDITION G	STALL SIVEN IN PART 110
CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATION	ON WAS PERFORMED	IN CERT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
						163 140
_		(IH	M. MONTH DAY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM 16	
MEDICAL CER		HOUR A./	m. month day year m. 19		RRED (ENTER NATURE OF INJURY IN ITEM 18	
_	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE (AT HOME STR	M. MONTH DAY YEAR M. 19 DF INJURY BEEL FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	to 16 - & and he dete and he MEDICAL STAFF	COUNTY STATE

(VRA 15, 4)

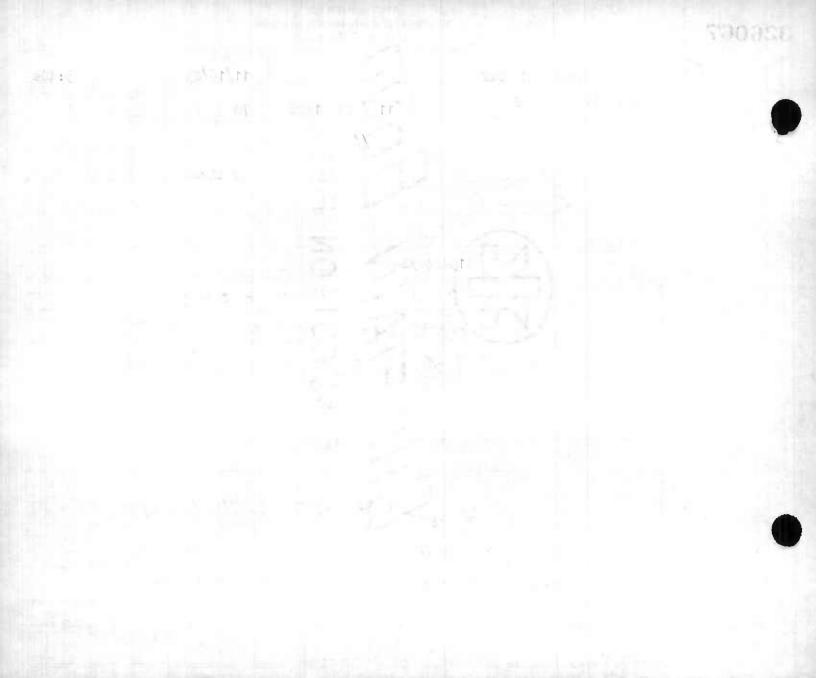
Hubbard Funeral Home, Inc. 4107 Wilkens Ave. DHMH - 16 60M 7/84

11/19/85 Burial 24 FUNERAL DIRECTOR

Mt. Olivet Cem.

Baltimore

250 DATE REGIS RAR 356 REGISTRAR'S SIGNATURE



0	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYP ICATE OF DEATH	GIENE REG. N	3		3
		CEASED NAME FIRST OR PRINT)	ES WILLIAM		MAN .	20. DATE OF DEATH	11 10	9 5 5 4	3 40
1/	3. SE		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR IF	UNDER 24
X		Male	White	Feb		79	YRS	ONTHS DAYS HOURS M	
	To. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	/2 8	/-	9. BALTIMORE CITY		F DEATH	
7.6		PA	USA	WIDOWE	D NEVER MARRIED DIVORCED	Baltimo	re Cit	V	
	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME		12ª USUAL OCCUPAT	ION	12b. KIND OF B	USINES
tou		Baltimore	Armacost Nu		Home	Salesman		Improv	/em
pe			E OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		7
and a		MD	Balto		YES NO	,607 E. 3	33rd S	t., 21	218
June	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	AME		TZAS	
00		George	Osma	n	Blanche			McGill	
	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SEG	CURITY NO.	17 INFORMANT	ADDR	ESS		
		No No	190 10	0196	Mrs. Jane	V. Osmar	١,	Sam	e
, or other trauma		Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A CONSEC	DTE	NSIDN NOT RELATED TO THE TER.	MINAL DISFASE OR CON	IDITION GIVE	N IN PART 110	
ulory	Z	I ANT 2. OTHER STORING	TOTAL TOTAL CONTRIBUTION	O DEATH DOT	NOT KEENTED TO THE TEK	WINAE DISEASE ON COIL		THE PART ING	
2 Sony	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS ING CAUSES OF	
Item 18 sh		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	T I OR PART 2)	
rkedorli	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFIC	E. FARM, ETC)	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STA
om si l		sow the deceased alive	ospital) attended the deceased from	0	d that in (my) (aur) apiniar	, to	late and have	7	ot (1) (w uses stat
II. II Bem	1	271 SHOPPATHER	Qidon-	in	ATTENDING PHYSICIAN	MEDICAL STA		774. DATE SEC 11/1	
3 1		274 PHYSICIAN'S NAME (T)	HE ON PRINT)		274 NAPORESS			5 33	1
1		Charles F.	O'Donnell, MD		7501 York	Road, Bal	to., A	AD 212	204
1000	1 22 - 1	LIDIAL COCH ATION DELLOS	101 0 175	STANK OF C	CALCACON OR COLLAROSIA	TOTAL LOCATION			

23c. NAME OF CEMETERY OR CREMATORY

Green Mount

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

11/11/85

236 DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation

23d LOCATION
CITY OF TOWN
Balto., 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAL PRE-

COUNTY

MD

roms ... Jane V. Lawson . 2 mpg

Charles H. Micheller, and Year Etwin, Miller, Mc Hard

CALL SERVICE SERVICE TO THE TOTAL CONTROL OF THE PROPERTY OF T

11090	1	FOR STATE REGISTRAR	DEPAR	RTMENT OF HEA	ALTH AND MENTAL I	HYGIENE REG. N	10	,				
1		CEASED NAME FIRST	MIDDLE	LAS		20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR			
25	(TY	E OR PRINT)	F	m.L.	16	111	11 3	35	3:30PM			
84	1.5	x Mong	4 RACE	5. DATE OF	RIPTH	6 AGE (IN YEARS LAST B	RIHDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS			
3 \$	1	C 1	C .	MONTH	DAY YEAR	75		NTHS DAYS	HOURS MIN.			
12	-	IRTHPLACE ESTATE OR FORFIGN	Carcasian	12	10 09		YRS.	T DE ATIL				
京 歌声	1	COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH				
3	1	Maryland	USA	WIDOWED		□ Datto	city		WE			
142		Bulto, Md.			OTHER INSTITUTION	(TYPE OF WORK FOR MOST Clerical		INDUSTRY	Mfg.			
\$ A	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13h. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEF- NTY 13c. CITY OR TO		34 INSIDE CITY LIMITS	? 13e STREET ADDRESS	/ ZIP CODE					
130	1	Md.		Baltimore YES NO 719 Beaverbro					21212			
	14. F	ATHER'S NAME	MIDDLE LAST	NAME								
200		Augustine	Ostenderf		1Gertru	ide M. Shet	la	LAS	T.			
26		WAS DECEASED EVER IN U.S. AF		CURITY NO. 1	7 INFORMANT	ADDE	ESS		21133			
3/		(IF YES, GY	ve war or Dates) 216 01	9548	fr. Eugene	J. Ostendorf	Randa	Tato	wn, Md.			
- 1		LIS CAUSE OF DEATH .E.			2000110	O. OBJERROLL	Hana		MATE INTERVAL			
ent,		PART I. DEATH WAS CAUSE	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). PERDING TOTAL TOTA									
		IMMEDIA	TE CAUSE (o)	a tory	THIEST			1 7 1	ninutes			
Hygiene prior to buriol, creating shows any injury, or other	CERTIFICATION	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	<u>O DEATH</u> BUT N		20a AUTOPSY?	20b. IF YES, V	VERE FINDI	GS USED OF DEATH?			
9 0	E	2]0, ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		D. HOW IN HIP OC	YES NO	YES		NO 🗌			
Mental Hy or Item 18		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	TIL HOW INJURY OCC	CURRED (FINIER MATURE OF INJ	JRY IN ITEM 18 PART	1 OR PART 2)				
bed o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		TI LOCATION STREET	CITY OR I	OWN	COUNTY	STATE			
of He		sow the deceased alive or	ital) attended the deceased from 3 19 19 19 19	85, and		ion death occurred on the o	lote and hour a	22c. DATE	SIGNED			
should be detoched with the Stote Dept.		224 PHYSICIAN'S NAME (TYPE OF) NY V	()	in 11	PHYSICIAN Pre ADDRESS	DIRECTOR PHYS	CIAN	11/3	182			
w > <u><</u>	230	BURIAL, CREMATION, REMOVAL	23b. DATE 11/6/85		METERY OR CREMATO	RY 23d LOCATION Balti	•re, Md	OUNTY	STATE			
6 50M 4/83		UNERAL DIRECTOR			250	OV PEODSY REGISTRAL			YRE .			
15 A)	M	TT ČHELL-WIED FEI	TO HOME THE	6500 V	ork Pd	TO HAS	Time was	4 don-h	andell			

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326100	1.	FOR STATE			DEPART		EALTH AND MENTAL HY	GIENE,		
366100	K	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	,	a
/	1. DE	CEASED NAME	'FIRST		MIDDLE	i.	AST	20. DATE OF DEATH MOP	NTH DAY YEAR 2	b. HOUROC
e w∉ /	(TYP	OR PRINT)	TONII.	EV		0	TT	1/	1-15-CT	1,00
moy be poge 3 ler deoth		0	11111-1	-/	C	0	/ /	11	12 85	O'HM
a de la	3 SE	10 a	1	RACE	-1	5. DATE C		6. AGE (IN YEARS LAST BIRTHDA		FUNDER 24 HRS
s of		MAG	0	NH	7(6	10	22.07	78	YRS.	ACINA,
dir dir	70. B	RTHPLACE ASTATE OF	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY	? 8		9 BALLMORE CITY OR C		
220		pouliter A		-			NEVER MARRIED	(3411)	pita	
56	10.0		vland		SA	WIDOWE		11100	CITY	MD.
The first	10. C	ITY OR TOWN OF DE	ATH III		CH FACILITY, GIVE STREE		R OTHER INSTITUTION	12a USUAL OCCUPATION	12b KIND OF I	BUSINESS OR
10 s of	Ba	altimore					ursing Center	Laborer		
in in Set	USU	AL RESIDENCE UF NUI	RSING HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)				
Di da hilled	130.	STATE	NOCOUNTY		13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	0.004	
AN in S		ryland	Ceci		Elkton		YES NO	Providence	Rd. 21921	
RY See See	14. 17	THER'S NAME	MID	DLE	LAST		15. MOTHER'S MAIDEN NA	WE	LAST	
MARYLAND ed within 24 mipletely fille and 2 should		John	a store		Ott		Amanda		McCor	nnell
		VAS DECEASED EVE			166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRESS		
ore e extra person and su val. t, the medical	1	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	217-09-7	7067	Honel A Ob	e Filter Md	21021	
LITIN New Park		NO					Hazel A. Ut	t, Elkton, Md		VE INVERSION
8A corte		18 CAUSE OF DEA PART I, DEATH V	TH (Enter only a	one couse pe	r line for (o), (b),	nd (c	1	RALA	BETWEEN ON	SET AND DEATH
ST.,			IMMEDIATE (carac	opu	monary,	Cruse	nen	ules
ON ding or r				DUE TO C	P AFT ON BEO	(NICHOW)	()		111	
PRESTON he deoth co he ottendin emove cork in froumotic		Conditions, if on	v. which	(16)	4900	100)		gra	-1
PR de		gove rise to in	nmediate)	1					
W. or the or the server or the orther		couse (a), stati		DUE TO, C	R AS A CONSEQU	JENCE OF				
or o			the second	(c)_						
orines	7	PART 2 OTHER SIG	NIFICANTEDI	DITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE JERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 110	
The single injuries	ō	Cor	rere	ut	ecc 6	2×1	eleral !	ranegy		
bee bee	Y	IN DATE OF OPER	ATION	195 CONC	ITION FOR WHIC	H OPERATION	N WAS PERFORMED		LIFYES, WERE FINDING	
L RE lo no. hos per	Ĕ	7						VEST NOS	YES [7]	NO []
A Fig. of the Co.	CERTIFICATION	21a. ACCIDENT WAS UN	NDERLYING T	216. TIME (OF INJURY		I 21c HOW IN JURY OCCUR	RED (ENTER NATURE OF INJURY IN	The Sand	
V OF VIII		OR CONTRIBUTING		110110 4		DAY YEAR		(Elaier law out of moon, m	TIEM TO THAT TOAT AND ST	-
SIC OF THE PROPERTY OF THE PRO	₫	(IF EITHER, NOTIFY MED			.M.	19				
PHY ending this debut de	MEDICAL	21d INJURY OCCUP			OF INJURY	FARM FIC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
IVIS offer the state of the sta	2	AT WORK AT WE	ORK	,	ALL THE ONT, OTTICE					
I O O O E		22a.1 certify that		attended t	ne decement from	CO-	08-1085	10/1-1	5 8 5 th	nt #5 (we) lost
R ATTEN hospitol IRECTOR: hed for us ept. of He		sow the deceo			13_19_	03.00	d that in (our) opinion	death accurred on the date of	and hour and from the ra	uses stated
ATT AST OSPO		22b. SIGNATURE	(did) (did voi v	new the body	ofter death.					
the h		The significant	1 ()	NX		1 /	DEGREE ATTENDING	MEDICAL STAFF	220 DATE SIG	NED OF
All the state of t		Kech	and	1/4	2000/	w	PHYSICIAN [DIRECTOR PHYSICIAN	0 116	5-8)
SPIII A P		228. PHYSICIAN'S N	AME (TYPE OR PR	RINT	1 /	i	220 ADDRESS GT	6 W, NO	ETHOLV	e 1
HOSP Inned I Fine In the I		18604	ARD	14.5	De de	1.0	12	to work	- M. D 2	1217
0 6 5 1 3	22- 1	HIDIAL CREMATION	DE MOVAL I	201 5015	122	NAMEORE	1)//6	23d. LOCATION	7-66	
		BURIAL, CREMATION	, KEMOVAL	23b. DATE			EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
BP		Burial	-	11-18	-85 L	nmacul	ate Conceptio	n Cemetery, C	herry Hill.	Md.
DHMH - 16 50M 4/82	24 F	JNERAL DIRECTOR	21.011.	5 - 91	1-1-1		A 250 DAT	E REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATUR	
(VRA 15, 4)	1	ticks 4	Home	FOR	FUNDAL	Vs I7k	Tool mad N	UV AU MOD	かっしているいからはなのかーかり	-
	-				The Air			11/		

Latetiare Greater Fend (yo. Dursing Duntur Laborer In-Frevidence is 21921 nout i Etoo 217-09-70m2 onset s. obt. classe, id. 21921

Stell Hank Fill Steller Little and Steller

i-13-15 or manulate Concention Concentery, Cherry 1111, Nd.

319168	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE 8 5	3 9
poge 3		CEASED NAME FIRST	heline May	OVER		MONTH DAY YEAR 26 HOUR 1 9 85 23 00 M
ge 4 noy recto, po	1.5E	Female	white	5. DATE OF BIRTH MONTH DAY YEAR 26 1897	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
death, Po	M	RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltim	
at the state of th	1	Baltures	South Bultin	ore General Itse	120 USUAL OCCUPATH (TYPE OF WORK FOR MOST O HOUSEWI	F WORKING LIFE) INDUSTRY
24 ho	13a.	MD A.A	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Bal Time	N 134 INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	1 1 100 1
and and	2	THOMAS	MIDDLE TIER	15. MOTHER'S MAIDEN NA FIRST Ma/GAI	RET	ZECC.
an ond			RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 2127497		Ma fy ver 2726 W	aldor Dr. Baltimor
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ned by the at please remo- unal, cremans, y, or other tra		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		NINAL DISEASE OR CON	DITION GIVEN IN PART To
an, faw requir an, host been sig permit. Then ene prior to b any act, failur,	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
p physics antificate mail triggi	100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJUR	RY IN ITEM TB. PART 1 OR PART 2)
offer this of and Me	MEDICAL	1d. INJURY OCCURRED NOT WHILE ALL WORK	? I e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		CITY OR TO	
OR ATTENDO on hospital or Defections. A Dept of Heal		strw the deceased olive or	n Navember 9 19 at) view the bady after death.		death accurred on the do	ate and haur and Irom the causes stated
Store of the store		THE PHYSICIAN'S NAME (TYPE	elfon So	ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC	
TO HOSP retained TO FUM should by with the I	23a. l	BURIAL, CREMATION, REMOVAL	FRIENO MO	3001 5 1	23d LOCATION CITY OR TOWN	Beltimore MD
		Burial	11-13-85 G	len Havon Mem	0.7	Burnie A A Ma



32502	4	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLA MENT OF HEALTH AND M CERTIFICATE OF D	NENTAL HYGIENE	8 5 REG. NO.	3 1 1	9 2
			CEASED NAME FIRST	MIDDLE	LAST		OF DEATH MONTH	DAY YEAR 21	. HOUR
poge 3		3. SE	JAME!	A RACE	UCUS STATE OF BIRTH	JR,	IN YEARS LAST BIRTHOAY)	10	UNDER 24 HR
ge 4 m ector, irs ofte		0.52	m	B		1898 8	7 YRS		OURS MI
nerol dir	87		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	ARRIED BALTIA	HORE CITY OR COUN	C + Y	,
ofter de the fur	29	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INST	ITUTION 120. USUA	ALOCCUPATION WORK FOR MOST OF WORK IN	121 KIND OF E	
Zichoun Zichoun Zichoun	N.C.	JUSU.	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		N 13d INSIDECT		T_ADDRESS / ZIP CO	DE 121	216
Mary and a second	Sminer	14. F./	THER'S NAME FIRST	DODLE OWENS	15. MOTHER'S	MAIDEN NAME	MIDDLE		RRI
mos puo	X /		VAS DECEASED EVER IN U.S. ARI				ADDRESS CIELD S	202 Ros	s Invi
requires that the cen signed by the cit. They please remaind or to burial, cremon	y injury, or other tr	NTION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) MORAS ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISE		GIVEN IN PART IIO	CHEED
The law ion. In permittene po	O two	CERTIFICATION		THE CONDITION POR WHICH	OFERATION WAS FERFOR	YES [IN CER	RTIFYING CAUSES OF	
SICIAN, T g physici certificate Hal-transi	9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		AY YEAR 19	JURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM	18 PART (OR PART 2)	
AG PHY after this to the by	nked ov	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATIO STREET	N .	CITY OR TOWN	COUNTY	STATE
ATTENDS hospital or RECTOR: A ed for use pt. of Health	em 21 is m	B	220 I certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did not 22h SIGNATURE	ol) attended the deceased from 17 19 19 iview the body after death.	ond that in (my) (, 19 , ta , ta , (our) opinion death occu	rred on the date and I		
FRAL DR	WIT. # W		22d. PHYSICIAN'S NAME (TYPE O	2 Me	A		STAFF OR PHYSICIAN	THE STATE STA	
O HOSP mained TO FUN chould by	MPORTAN		mcGe	و	2600	Liberty	Itshts	Ave Bo	14. W
BP		23a	BURIAL CREMATION, REMOVAL	11/73/85 23c	PEASAUT		CATION CITY OF TOWN COWSON	BA Ho	177
DHMH - 16 50M 4	1/83	24 F	INERAL DIRECTOR	PRIC FU ADDRESS	or Boarlot	25a. DATE REC'D. B	Y REGISTRAR 25b. REG	ISTRAR'S SIGNATUR	E

DA WASTERS OF PARKS AND THE WALL OF THE PROPERTY OF THE PARTY OF THE Bus as 11/20/85 Please that Tourse from CTAT TO THE REST LIM BOOK WAS MUST AND A THE WAY

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 333129 CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR LITYPE OR PRINTS Nov. 24 1985 PANUSKA FRANCES 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 5. DATE OF BIRTH MONTH 88 1897 White March 1 Female To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED & DIVORCED Czech. 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Nursing Home Baltimore Melchor Homemaker AJSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 130 STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore 138 N. Linwood Ave. 21224 YES 🔀 NO [Md 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE unknown Ruzek Frank Mary ADDRESS 166 SOCIAL SECURITY NO. AN WAS DECEASED EVER IN U.S. ARMED FORCEST 17 INFORMANT Marie Schmitt (dghtr) same address 217-03-2388 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0). DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OF TOWN

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive and that in Imy (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

ATTENDING

224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 333 St. Paul Place Dr. Neal Friedlander

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Baltimore

11/27/85 Holy Redeemer Burial 24 FUNERAL SREGION munek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213

VUVI

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

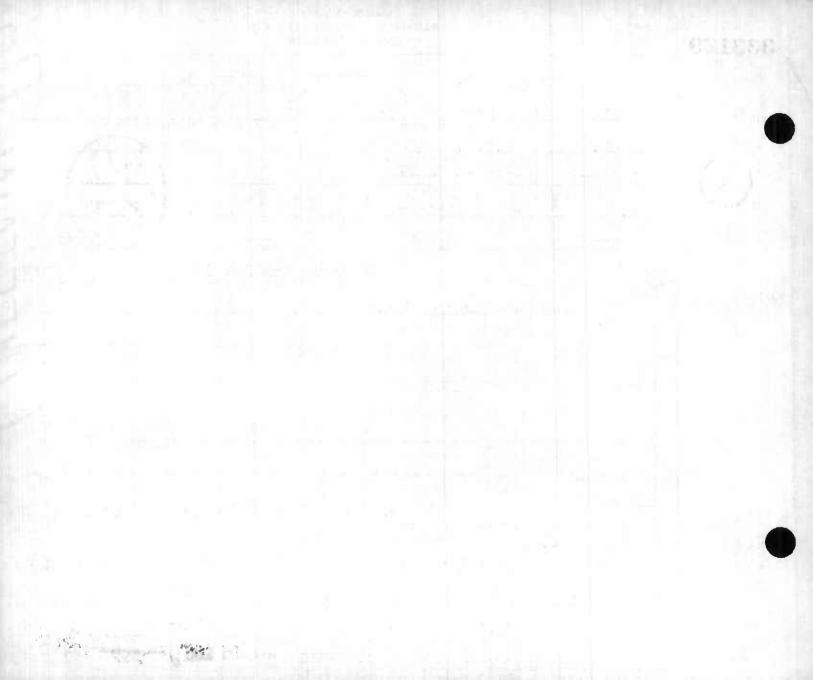
250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

22h SIGNA



- STATE REGISTRAR REG. NO 32307 DECEASED NAME KNOWN XX MONTH 2a. DATE 26 HOUR / TYPE OR PRINT) ESTI-A. DEATH MATED Joseph Papetti 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White 09 76 3 DEAD 11-11 10 85 P. M To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY U.S.A. New York WIDOWED [DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Mechanic Transi Bus Op South Baltimore General Hospital Baltimore ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION NUCCUUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5508 Magie Street 21225 13c. CITY OR TOWN Baltimore Maryland 15. MOTHER'S MAIDEN NAME ALIDDAE MIDDLE Papetti Santina Baldesario Güisseppe 17 INFORMANT ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO Donna Passamichalis 9722 Belair Rd Balto 123-01-4536 Yes WW II 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO XX BE PAGE 3 SHOULD BE STATE DEPARTMENT 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME TH LOCATION STREET, FACTORY, FARM FTC 1 579867 CITY OR TOWN STATE COUNTY WHILE AT WORK THE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BARTIMORE, MARYLAND, 2 Inspection XX 220. I certify that I took sharge of the emoins described above and in my opinion Notural couses omicide Undetermined monner death resulted from ITLE (SPECIFY) ACTUAL 11-12-85 eting ChiefMEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Thomas D. Smith, M.D. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Md 11/15/85 Burial Holy Cross Cemetery BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** George J. Gonce 4001 Mitchie Hgwy Balto Md (VR A15 ME (5))

STATE OF MARYLAND

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District Committee Committ

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(VRA 15, 4)

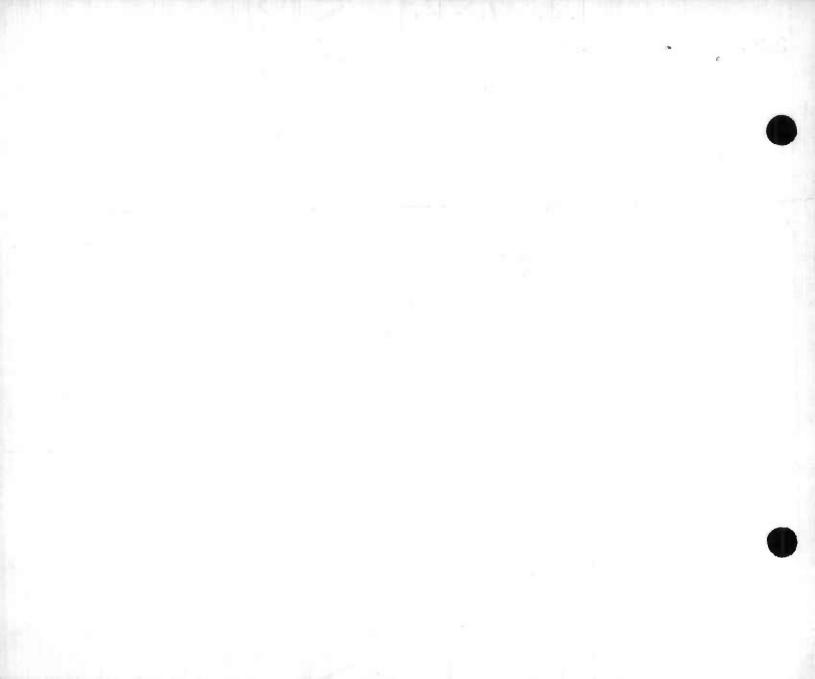
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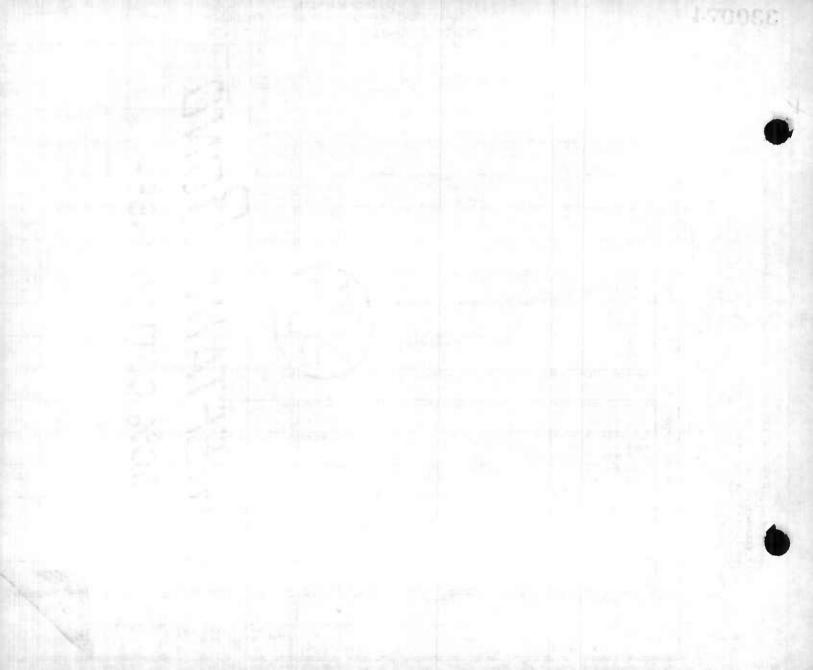
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326150	1	#1,per B.C. FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE 8 5 3	1 7 0
ONULEO		CEASED NAME	7	PAR CER	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ad the	L	Joseph	Michael	PARKER	11 -	-3-85 3:29A,
	3. SE	MALE	WHITE	5 DATE OF BIRTH MONTH 11 - 2 - 85	6 AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DAYS HOURS MIN.
1 35	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BACTIMOREZIONE	C/7 Y
		ALTIMORE	11. NAME OF HOSPITAL, NURS (HENOT IN SUCH FACILITY, GIVE STRE SAINT ACT	11	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 126 KIND OF BUSINESS OF
ri 24 houri	l3a	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY 13c. CITY OR TO	ORE ADMISSION) WWW 13d INSIDE CITY LIMITS? YES NO		DE CARNT ST. DE
1 12 300	1	OTTES J	OSEPH PARXI	15. MOTHER'S MAIDEN NA CAROL	Annette	Lednum
Poges		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, (ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT BENSON	1. SICVILIZMAN	MD. AVA 2 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ures that the dea great by the otte an please remove bursel, crempton mry, or other trays	z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	PTIO PLACTINTA UENCE OF DEATH BUT NOT RELATED TO THE TERM		SIVEN IN PART Ita
No. 100. 100. 100. 100. 100. 100. 100. 10	TIFICATION	198 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
SECIAN TO SPICION TO S	CAL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M. MONTH P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART ORPART 2)
offering offering for the formal M feed or	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFIC	E FARM ETC) STREET	AMOT BO YII)	COUNTY STATE
ATTENDIN ophtol or CTDR: Af 1for vietal of Mealth		saw the deceased alive above, (I) (we) (did)	pital) attended the deceased from 1/-2 19 not view the bady after death.	19 F. and that in (my) our apinian	death accurred on the date and h	
Dy the ho by the ho RAL DIRE s detoched flose Dept		224 PHYSICIAN'S NAME ITYP	har M.D.	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	11-3-85
o HOSFIT rio FUNES from the Str MPORTAN		BENSON M.	SILVERMAN M	.p. 900 CATON		ALTO. MD. 212
ВР	L	BURIAL, CREMATION, REMOVA (SPP\$(IFY)	11-5-19 f 5	NAME OF CEMETERY OF CREMATORY Slaw Iduner Com		G.G. Bo had.
DHMH - 16 50M 4/83 (VRA 15, 4)	1	DIVERAL DIRECTOR	an In Inc.		TE REC'D. BY REGISTRAR 256. REG	

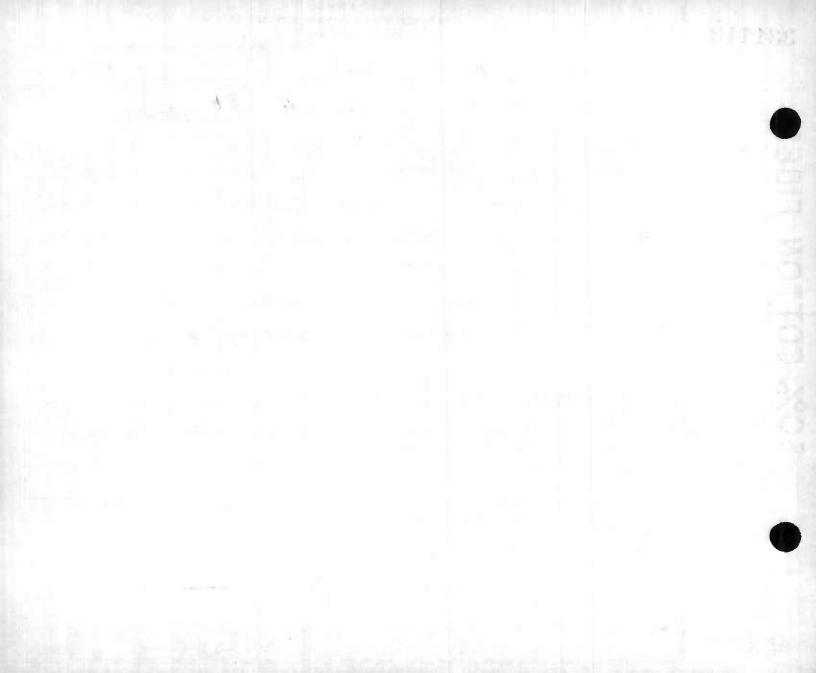


STATE OF MARYLAND 330074 DEPARTMENT OF HEALTH AND MENTAL HYG - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2b HOUR 2c. DATE KNOWN X TYPE OR PRINT) OF E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
E) WITHIN 72 HOURS S. DEATH MATED 19/19 85 Matthew Parker 4 RACE SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 12:58 IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 1962 male black 4 23 DEAD 11/19/ 1985 YRS 7a. BIRTHPLACE b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Y FOREIGN COUNTRY) 14 HOURS AFTER DEATH. IF ANY DELAY IS NECE TEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNE ONG WITH FORM PM 3. RETAIN PAGE 5 FO PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WIT SIENE, DIVISION OF VITAL RECORDS, 201 W/P RE US Md WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE Baltimore Provident Hospital Unemployed USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. IHSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Md YES V NO [Westwood Avenue 21217 201 W. PRESTON ST., BALTIMORE, MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE EIRST LAST LAST John Parker Mitchell Bernice 16e. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES! 1711 Westwood Ave 220-82-2228 No John & Bernice Parker 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D ATION, OR REMOVAL. BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. USED AS A BURI. OF HEALTH AND DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION VER: THIS CERTIFICATE SHOULD CATE, WRITING THE WORD "PEI FORWARDED TO THE CHIEF M 19a DATE OF OPERATION E 3 SHOULD BE USED.

DEPARTMENT OF HE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 12:05PM 11/19/9 85 subject driver of motorcycle/auto collision 21e PLACE OF INJURY LATHOME. 21f. LOCATION 21d. INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. STATE D Hilton Pkwy & Springdale Ave., Balto. City, Md. roadway TO MEDICAL EXAMINER: THE EKCUIT THE CERTIFICATE, YEAGE A SHOULD BE FORW TO FUNKAL DIRECTOR: PATER DEATH, WITH THE STABALTMORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 11/20/85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. (TYPE OR PRINT) Penn St. **ADDRESS** 23d LOCATION 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Anne Md 11/23/85 Cedar Hill Cemetery Burial Arundel Co BP 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE. **DHMH - 17** Will'am C. March F/H Wests 4300 Wabash Avenue (VR A15 ME (5))



STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CEKIII	ICATE OF	DEATH		REG. I	NO.			
		CEASED NAME	FIRST		MIDDLE		LAST	17%	20. DATE O		MONTH	DAY	YEAR	26 HOUR 92/
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	3 SEX	X		4 RACE		5 DATE			6 AGE IN	EARS LAST B	IRTHDAY)		NDER 1 YEAR	
	MA			WHITE		11	DAY 07	VEAR 85			YRS	MON;	HS DAYS	HOURS MIN.
-	- (RTHPLACE (STATE COUNTRY) RYTAND	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	_	MARRIED DIVORCED	BALTI		-		DEATH	M
-		TY OR TOWN OF D	DEATH /	0.0	HOSPITAL, NURSIN				120 USUAL			_	26 KIND C	OF BUSINESS OR
1		LTIMORE		UNION	MEMORIAL	HOSP			(TYPE OF WOR				NDUSTRY	
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0	14 FA	THER'S NAME FIRST BRUCE	Δ	MIDDLE 11an	PARKS			r'S MAIDEN NA FIRST PEGGY		widote	127		WT1	LSON
	16a V	VAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORM		31	ADDI	RESS		712.3	
-	()	YES, NO OR UNKNOWN)	(IF YES, Gr	VE WAR OR DATES)			PEGGY	PARKS :	7 BABYI	BIRD	CT			
		IS CAUSE OF DE	ATH (Enter or	nly one cause per	line for (a), (b), and	d re-	516	100					BETWEEN	ONSET AND DEATH
		PART I. DEATH		TE CAUSE (a)	CARDIO -	PULN	IONALY	ARRE:	57				h	ne
		20 12	INTINCEDIA		0.10.1.001155015	NICE OF	d.				100			
		Conditions, if o	nu which	DUE TO, O	R AS A CONSEQUE		DLEMI	HTURITY					9	o min.
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	z	PART 2. OTHER S	IGNIFICANT	conditions <u>c</u>	ONTRIBUTING TO E	DE ATM BUT	NOT RELATE	D TO THE TERM	AINAL BISEAS	EORCO	ADITION (SIVEN II	N PART 10	0
_	CERTIFICATION			The same					To the second		Tan in	VEG 110	EDE ED ID	
Ý.	ICA	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	IN WAS PERF	ORMED	20a AUTO	DPSY?				NGS USED OF DEATH?
	RTIE								YES 🗌	NO		YES [NO 🗌
7		21a. ACCIDENT WAS	CAUSE OF DE	ATH HOUR A	M. MONTH DA		21c HOW	NJURY OCCUR	RED (ENTER NA	ATURE OF INJ	URY IN ITEM I	18 PARTI	OR PART 2)	
	MEDICAL	214 INJURY OCC			M. OF INJURY	19	211 LOCAT	ION						
	WEI	WHILE NOT	WHILE WORK		REET FACTORY OFFICE, F.	ARM, ETC)	STRE			CITY OR T	OWN		COUNTY	STATE
		220.1 certify that	(1) (this hosp	ital) ottended th	ne deceased from_		11171.	198	?}	14-	7	. 19_	85	that(I)(we) las
		sow the dece	eosed alive or	111	7/85 19	, o		(our) opinion	death occurre	ed on the	dote and h	10UI ONG		
		22b. SIGNATURE		~	1		DEGREE						22c DATE	1 1
		57436	M. Ar	ine Dr	enlavry	MI)	PHYSICIAN [MEDICAL DIRECTOR		ICIAN 🚅		11	1/7/85
		22d. PHYSICIAN'S					22e ADDRE	SS						2/22
		H. A	NNE	DUNLA	VEY 1	40	405	FLEDENS	K AD.	SUITE	25 200-	206	CATON	VSVILLE, MI
		BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23€ ト	AME OF C	EMETERY OF	CREMATORY	23d LOCA	ATION OR TOWN	- 1	10	DUNTY	STATE
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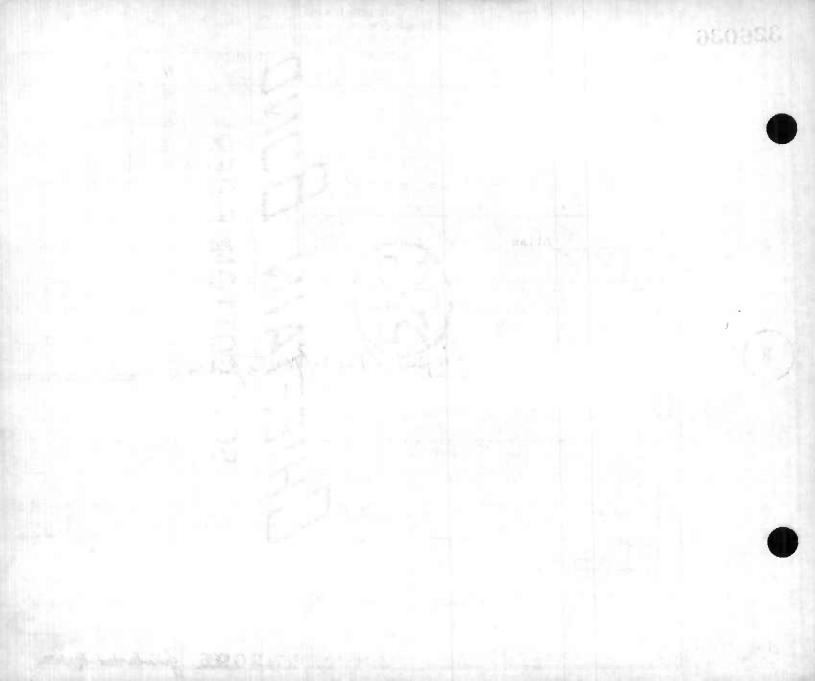
DHMH - 16 60M 7/84

BP.

24 FUNERAL DIRECTOR Anatomy Board (VRA 15, 4)

Balto., Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



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	O HOSPITAL OR ATTENDING PHYSICIAN. The law require that its details chall the executed within 24 hours after death. Page 4 etonied by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signical by the attending of proposition and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to burial, cremination or removal.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	18	見り
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEPAR		EALTH AND M		ENE REG. N	0		
	CEASED NAME	FIRST		MIDDLE	-1-	A S.T.		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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	AL RESIDENCE (IF N	AIII COUN		136 CITY OR TO BALTIMO	WN	13d INSIDE CIT	10 D	13e STREET ADDRESS / BABYBIRD		€ 21227	
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		ased alive on	. /	19	77 0	nd that in (my) (, 19 <u>33</u> our) opinion d	eoth accurred on the d	ote and ha		that (I) (we) last couses stated
	22h SIGNATURE	1 3	Car	the	N		TENDING HYSICIAN []	MEDICAL STA	FF CIAN (2)	22¢ DATE	SIGNED,
	rances	¥/	PRINTS	N		22e ADDRESS	Men	norical Hou	rital		
	BURIAL, CREMATIO (SPECIFY) Remov		236. DATE 11/14		NAME OF C	EMETERY OR C	REMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
24 E	INSPAL DIRECTOR		-				25a DATE	REC'D BY REGISTRAR	25h REGIS	TPAP'S SIGNIAT	LIDE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic

Anatomy Board

NAME

Balto., Md. NO / 20

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR		C	ERTIFICATE OF I	DEATH	REG. N	D.		
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160 WAS DECEASED EVER IN U.S.	Control of the Contro	66 SOCIAL SECURITY			ADDRE	SS		
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18 CAUSE OF DEATH (Enter		ne for ioi, (b), and ic	0				BETWEEN	MATE INTERVAL
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HI.	Continue				YES NO	YES	5 🗌	NO 🗌
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M	MONTH DAY	YEAR 19		ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	ART 1 OR PART 2)	
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230 BURIAL, CREMATION, REMOV (SPECIFY) Removal	AL 236. DATE 11/14/		AE OF CEMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN	1	COUNTY	STA1
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DHMH - 16 60M 7/B4 (VRA 15, 4)

Anatomy Board

Balto., Md. Mdv 2 0 1005









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	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		ACTUAL SIGNATURE	(DU)	nto In	2114	all	A	,		MEDICAL EX	AMINER	DATE	1-3-85	
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07/84 25M	BP	01.5	Burial	1	11/7/85	W	ood1 aw	n Ce		BAYE ST	Baltim	ore, M			
23/4	DHMH - 17	24. F	With C Marc	h F.H	Westadoress	1300	Wahash	AVA		MATE REC'	D. BY REGIST	RAR ISB REC	SISTRAR'S	SIGNATURE	م مالك
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may be

201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS,

requires that the death certificate be

OR ATTENDING PHYSICIAN The law

retained by the haspital or attending physician.

BP

TO FUNERAL DIRECTOR.

DHMH - 16 60M 7/84 (VRA 15, 4)

mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 haurs after death

should be detached far use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

must be nomified at once.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIFICA	E OF DEATH	REG. N	0		
	CEASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEATH	MONTH (DAY YEAR	26 HOUR
	Edw.	ina	H . P	arthree		November :	23,198	5	10:25
3. SE.	x female	4 RACE	9	5. DATE OF BIR	DAY YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER TYEAR	HOURS A
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY		
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130. 5	AL RESIDENCE (IF NURSING HOME STATE 13b CC Md	OR OTHER INSTITUTION	13c. CITY OR TOWN Baltimor	e 13d 1	NSIDE CITY LIMITS?	13e STREET ADDRESS			r. 212
	ATHER'S NAME FIRST Frederick	WIDDLE	Dorn		Anna	MIDDLE		unknov	st V n
	WAS DECEASED EVER IN U.S., YES NO OR UNKNOWN) (18 YES.	ARMED FORCES? GIVE WAR OR DATES)	216-16-5		orma C. Car	ADDRE		y Ave.	21234
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TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	T CONDITIONS C	DR AS A CONSEQUEN metastic	NCE OF CARCINO. EATH BUT NOT	RELATED TO THE TERM		20b. IF YES	EN IN PART 1: , WERE FINDING CAUSES	NGS USED
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION August 23,19 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED	19b. CONE 19b. C	OR AS A CONSEQUEN METASTIC	NCE OF CARCINO EATH BUT NOT DPERATION WA COLON Y YEAR 19 211.	RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES IN CERTIFY YES	, WERE FINDIR YING CAUSES	NGS USED OF DEATH NO
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Leonard J. Ruck, Inc. 5305 Harford Rd.

and brief to

STATE OF MARYLAND 317106 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH FIRST MIDDLE MONTH 2b HOUR TYPE OR PRINT! 2:26 NOVEMBER 6, 1985 JOHN PATE 3 SEX 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE ESTATE OF FOREIGN MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION INDUSTRY (TYPE OF WORK FORMOST OF WORKING LIFE) JOHNS "HOPKINS" HOSPITAL BALTIMORE LABO JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) # 2/2/3 136 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Ohn 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) HINTON 1715 F. OLIVER 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) -MEBVISION OF VITAL RECORDS, 201 W. PRESTON ST. BA PART I. DEATH WAS CAUSED BY 50 mi IMMEDIATE CAUSE (0) Ventricular DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from sow the deceosed alive an. and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN auld be delight the State 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 236. DATE COUNTY AST VIEW Cem

DHMH - 16 60M 7/B4 (VRA 15, 4)

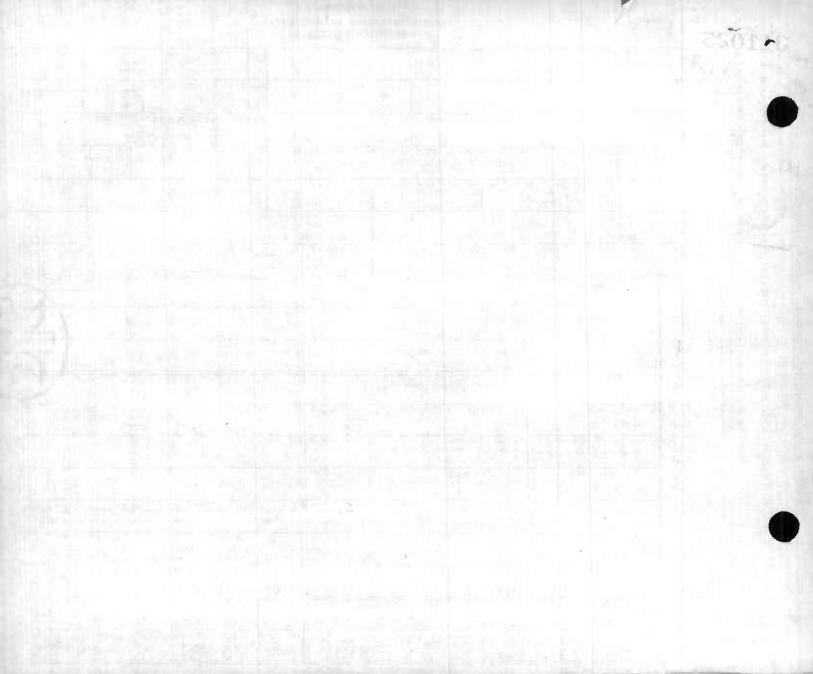
LEASED

1129N. CAROLINE ST.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ancia Daydon Dandelle

311025	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MEN CERTIFICATE OF DEA	177.78	3 1 2 0 3
OFTONO	FD	ECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 75 HOUR
poge 3		PE OR PRINT! ROBERT	В.	PEARSON	NOVEMBER 4,	
DE OF	3. S	EX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
rector urs of		Male	Caucasian	12-17-1951	YEAR 33 YRS	
2 5 5 E	70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED W NEVER MAR	RRIED . 9. BALTIMORE CITY OR COUN	TY OF DEATH
5	1	Maryland	USA		RCED BALTIMORE C	ITY MD.
by the fi	10	BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE THE JOHNS HO	SING HOME OR OTHER INSTITU FET ADDRESS) HOSPITAL	ITION IZE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Technician	LIFE) 12b KIND OF BUSINESS OR INDUSTRY C & P Telephon
24 hour filled in ould be f	party.	JAL RESIDENCE (IF NURSING HOME OF STATE NU COUT			LIMITS? 136.STREET ADDRESS / ZIP CO	
E 2 2 2	_	ATHER'S NAME		15. MOTHER'S M	AIDEN NAME	
The second	1	Thomas	Pearson	Thelm		Widerman
	160	WAS DECEASED EVER IN U.S. AR			Marriottsvill&DDRESS MD	21104
ond c Poges	1		ve war OR DATES) 213-54-			riottsville Rd.
0 0 0					dy rearson 7007 Har	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ficate froste popeid		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), (b)	ond ici i		BETWEEN ONSET AND DEATH
- 2 4 6 5 >		IMMEDIA	TE CAUSE (0) and co ra	sprawy and		3,44-02
deoth cer ottending ove corbo trion, or re			DUE TO, OR AS A CONSEC	DUENCE OF		Dunneto
e dec nove		Conditions, if ony, which gove rise to immediate	(16) scayurf			Dimenus
that the by the cose rem		couse (0), stoting the underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF	ranon	15 monts
gned an ple burio iry, or	,	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART TIO
en si	2 6					
n. n. hos be permit ne priit	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORM	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
D /	- 1	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	171¢ HOW INJUI	RY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1:	YES NO NO
	0	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	TENTER NATURE OF HOLDER IN THE MENT	FART FOR FRATE
HYSICIA nding pt his certiff bus certiff busiol-th	45	(IF EITHER, NOTIFY MEDICAL EXAMINED		19 211 LOCATION		
G PHYS or this ord M ked or	MEDICA	WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
or or see of the more		220 I certify that (1) this hosp	ital) attended the deceased from	ranen o/	1987 10 100 verylu 4	, 19.50 (we) lost
TOR: TOR: TOR: TOR: TOR:		sow the deceased alive on	No 1		(r) opinion death occurred on the date and h	our and from the causes stated
OR AT or hosp DIRECT Oched f		22b. SIGNATURE	on view the body offer death	DEGREE		224 DATE SIGNED
the horner of the horner of the Directorhee Depthe		mor	the same		ENDING MEDICAL STAFF	14185
PITA by by Stots	4	22d. PHYSICIAN'S NAME (TYPE	OR PRÍNT)		500 N, WOLFE STREET B	ATTO MD 21205
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I IMPORTANT: If		Maury Mc	baire	John	o to olume the putul	ALIO. MD ZIZOJ
5 € 5 € 3 ₹ T	23e	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CRE	MATORY 236 LOCATION	
BP	L	Burial				arroll MD STATE
DHMH - 16 60M 7/B4	24	FUNERAL DIRECTOR Loring	Byers Funeral	Directors, Inc	250 DATE REC'D. BY REGISTRAR 256 REGI	STRAR'S SIGNATURE
(VRA 15, 4)		8728 Liberty Rd.			NUV 0 5 1985	Navideon-Rendella

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

115	y	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	REG. NO.	0 1	0 0		
N		CEASED NAME 1851	•	MIDDLE		AST	20. DATE OF DEATH MONT		2b. HOUR		
er deoth	17791	JAME	S F	RANCIS	P	ENN	November 29	, 1985	10:00a		
	3. SE	χ	4 RACE	1200	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS		
		Male	Whi	ite	MONTH 12	31 YEAR	58	YRS. MONTHS DAYS	HOURS MIN.		
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY OR CO		7.7		
1 /m		Maryland	US	SA	WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE	CITY	J.M.		
12		TY OR TOWN OF DEATH ALTIMORE		HOSPITAL, NURSIN ICH FACILITY, GIVE STREET DICAL CI	NG HOME C	PROTHER INSTITUTION BALTIMORE	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Machinist	12b. KIND C	OF BUSINESS OR		
must b		AL RESIDENCE (IF NURSING HOME COTATE 136 COU	OR OTHER INSTITUTION	13c. CITY OR TOW Baltimo		13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIP 2830 Overland		214		
ine	14. F	THER'S NAME			L	15 MOTHER'S MAIDEN NA	ME				
E C		James	MIDDLE H.	Per	nn	Margaret	MIODLE A.	IAS	ord		
-	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?			17 INFORMANT	ADDRESS	10	, Lu		
ne medica	· ·	Yes W	W II	21220		Jay Penn 441	8 Clydesdale		IMATE INTERVAL ONSET AND DEATH		
ar other troumatic event, the		18. CAUSE OF DEATH : Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, (b)_	POSSIBLE OR AS A CONSEQUE	ENCE OF	PSIS ER DISEASE, RE	RENAL FAILURE				
ony injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT		CONTRIBUTING TO	DEATH BUT		NINAL DISEASE OR CONDITION 200 AUTOPSY? 206	IF YES, WERE FINDING CERTIFYING CAUSES	NGS USED		
shows 7	E E						YES NO	YES	NO 🗌		
ar Hem 18 s		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART (OR PART 2)			
morked ar	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, 1	FARM ETC]	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
21 is		22a.) certify that Mixihis hosp sow the deceased alive a abave, (K(we) (did) (ACX				nd that in (n) (aur) opinian	death accurred on the date or	nd hour and Iram the	12-11 LIGHT		
NT: If Hem		226. SIGNATURE PB	cher	no	-	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED		
IMPORTANT:			KER 1				n Raven Blvd	l. Baltin	ore MI		
	7	SURIAL, CREMATION, REMOVA SPECIFY) Cremation	12/2/			emetery or crematory unt Cemetery	23d LOCATION CITY OR TOWN Baltimore		aryland		
M 7/B4 4)		JNERAL DIRECTOR NAME Alan Seitz.	Jr. 3818	ADDRESS	1170	250 0	EU 2 985	EGISTRARSISIONAT	Alfanlordan		

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

324087

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			CERTIF	IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.		
(TYP)	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	E OR PRINT)	RT		Perrine,	11/	14/85	3:15
3 SE		4. NACE	5. DATE C	OF BIRTH JT.	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24
Ji.	Male	White	Dec		63	MONTHS DAYS	HOURS
₹6. B	IRTHPLACE (STATE OR FORE	76. CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COU		3/10
	est Virginia	USA	WIDOWE		BALTIMORE, C	ITY	
	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	126 USUAL OCCUPATION	126 KIND O	F BUSINES
E	Baltimore	VAMC, BALTIMO	RE MAR	YLAND 21218	Printer		spape
13a S	STATE I'M CO	OROTHER INSTITUTION GIVE RESIDENCE BEFO UNTY 13t. CITY OR TO Ltimore Dundal	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C 7581 Westfie	CODE	
	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME		2122
V	Robert	Edward Lee Pe	Sr.	Mary	Martha	CC	nawa
	WAS DECEASED EVER IN U.S. A			17 INFORMANT	ADDRESS		
		W II 233-26	-8660	Dorothy J.	Perrine, 7583	l EWestf	ield
	18 CAUSE OF DEATH (Enter	only ane cause per line for rat. (b), oseD BY:	and (c)		21222	APPROXII BETWEEN C	MATE INTERVA
		CONDITIONS CONTRIBOTATO IN	001	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 100	3
FICATION	190 date of operation	19b. CONDITION FOR WHIC			20a AUTOPSY? 20b. II	FYES, WERE FINDIN ERTIFYING CAUSES	IGS USED
RTIFICATION	198 DATE OF OPERATION	19b. CONDITION FOR WHIC		n was performed	200 AUTOPSY? 20b. II YES NO	FYES, WERE FINDIN ERTIFYING CAUSES YES []	IGS USED
ICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	21b. TIME OF INJURY HOUR A.M. MONTH F.M. P.M.	H OPERATIO	N WAS PERFORMED 21c. HOW INJURY OCCURI	20a AUTOPSY? 20b. II	FYES, WERE FINDIN ERTIFYING CAUSES YES []	GS USED OF DEATH
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH	H OPERATIO DAY YEAR 19	n was performed	200 AUTOPSY? 20b. II YES NO	FYES, WERE FINDIN ERTIFYING CAUSES YES []	GS USED OF DEATH
4	198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINATION OF WHILE AT WORK AT WORK 220.1 certify that X (this has	19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE)	DAY YEAR 19 FARM EIC)	211 LOCATION STREET	200 AUTOPSY? 20b. II N CE YES NO CE RED (ENTER NATURE OF INJURY IN ITEM	FYES, WERE FINDIN ERTIFYING CAUSES YES A 18 PART I OR PART 2) COUNTY	NGS USED OF DEATH NO
4	198 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that 20 (this has sow the deceased alive cabave 2000) (did) (did)	19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE)	DAY YEAR 19 1. FARM ETC) 10/17 85	211. LOCATION STREET 19.85 and that in (56) (aur) opinion	200 AUTOPSY? 20b. II N CE YES NO TER NATURE OF INJURY IN ITEM CITY OR TOWN	FYES, WERE FINDING CAUSES YES (COUNTY) 19 85 (1)	STA
4	198 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE)	DAY YEAR 19 1. FARM ETC) 10/17 85	211 LOCATION STREET	200 AUTOPSY? 20b. II N CE YES NO CE RED (ENTER NATURE OF INJURY IN ITEM	FYES, WERE FINDING CAUSES YES (AND ALL OF PART 2) COUNTY 19 85 (1) 19 ALL OF PART 2	STA
4	198 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that 20 (this has sow the deceased alive cabave 2000) (did) (did)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE) pital) attended the deceosed fram 11/11 19.	DAY YEAR 19 1. FARM ETC) 10/17 85	211 LOCATION STREET 19_85 and that in (M) (aur) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO NO RED (ENTER NATURE OF INJURY IN ITEN CITY OR TOWN to 11/14 death occurred an the date and	FYES, WERE FINDING CAUSES YES (AND ALL OF PART 2) COUNTY 19 85 (1) 19 ALL OF PART 2	STA
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER NOTHEW MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a I certify that M. (this has sow the deceased alive above when it is above	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE) pital) attended the deceosed fram 11/11 19.	DAY YEAR 19 1. FARM ETC) 10/17 85	211. LOCATION STREET 211 LOCATION STREET 19 85 and that in (14 (aur) opinion DEGREE ATTENDING PHYSICIAN [226 ADDRESS	200 AUTOPSY? YES NO NO RED (ENTER NATURE OF INJURY IN ITEN CITY OR TOWN to 11/14 death occurred an the date and	FYES, WERE FINDING CAUSES YES (COUNTY) COUNTY 19 85 (1) Haur and from the county (1)	IGS USED OF DEATH NO
WEDICAL 230. E	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER NOTHEW MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a I certify that M. (this has sow the deceased alive above when it is above	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE) pital) attended the deceosed fram 11/14 11 view the body of death.	DAY YEAR 19 FARM ETC) 10/17 85	211. LOCATION STREET 211 LOCATION STREET 19 85 and that in (14 (aur) opinion DEGREE ATTENDING PHYSICIAN [226 ADDRESS	200 AUTOPSY? YES NO NO RED (ENTER NATURE OF INJURY IN ITEA CITY OR TOWN To 11/14 death occurred an the date and MEDICAL STAFF DIRECTOR PHYSICIAN	FYES, WERE FINDING CAUSES YES (COUNTY) COUNTY 19 85 (1) Haur and from the county (1)	IGS USED OF DEATH NO

South I work has series, tary Willer I was 25 Butter as a fight, where a standard to be a section of the section

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317051

	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTAL HYGI
STATE	CERTIFICATE OF DEATH
PEGISTRAR	CENTIFICATE OF DEATH

	1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.	
7		CEASED NAME FRST	MIDDLE	PE	RSON	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR 255
	3. SEX		RACE B.	5. DATE (6. AGE (INVEARS LAST BIRT	THDAY IF UNDE	RIYEAR IF UNDER 24 HRS
)		RTHPLACE (STATE OR FOREIGN.	76. CITIZEN OF WHAT COUP	MARRIE		Balto	R COUNTY OF DE	ATH MD.
4	6	Baltimore	(IF NOT IN SUCH FACILITY CIVI	on Seco	or other institution	120 USUAL OCCUPATION OF THE OF WORK FOR MOST O	F WORKING LIFE) IND	kind of business or oustry en. Refactoria
5	13a S	Hd Top GO	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 13c, CITY OF GIEN.		134 INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS	ZIP CODE St.	ret 21061
0	He	THER'S NAME FIRST		son	OL: Via	MIDDLE ADDRE		Alston
2		VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 227-	L SECURITY NO07-07-49	Jeannie M		15 Dak	Street
		PART I. DEATH WAS CAUS	only one cause per line for (a), SED BY: IATE CAUSE (a). DUE TO, OR AS A CON	ndiop	Immez Ar	ral	8	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	N	gave rise to immediate cause (a), stating the underlying cause last.			A .			PART No
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO	7 11.	200 AUTOPSY?		FINDINGS USED CAUSES OF DEATH?
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE	DEATH HOUR A.M. MONT	19	216, HOW INJURY OCCURR 211 LOCATION STREET	RED (ENTER NATURE OF INJUIL		PART ?) UNIY STATE
		27a. I certify that (I) (this had saw the deceased alive abave, (I) (was tidd) (did	spital) attended the deceased an	_19.85, o	nd that in (my) (aux) opinion o	death occurred an the do		
1		224 PHYSICIAN'S NAME (TYPI	haf-		ATTENDING PHYSICIAN 222 ADDRESS	MEDICAL STAF		L DATE SIGNED
		HARI K BI	HASIN MD		606 HAMMOI		BALTO	21225
		BURIAL, CREMATION, REMOVA	11 /8 /85		Hill Cemetery	23d LOCATION CITY OF TOWN Anne Arti	ndel Co	TY MI

DHMH - 16 50M 4/83 (VRA 15, 4)

74 FUNERAL DIRECTOR
William C. March F/H West 4300 Wabash Avenue

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

etoined by the hospital or

_		FOR	
1	-	STATE	

323052

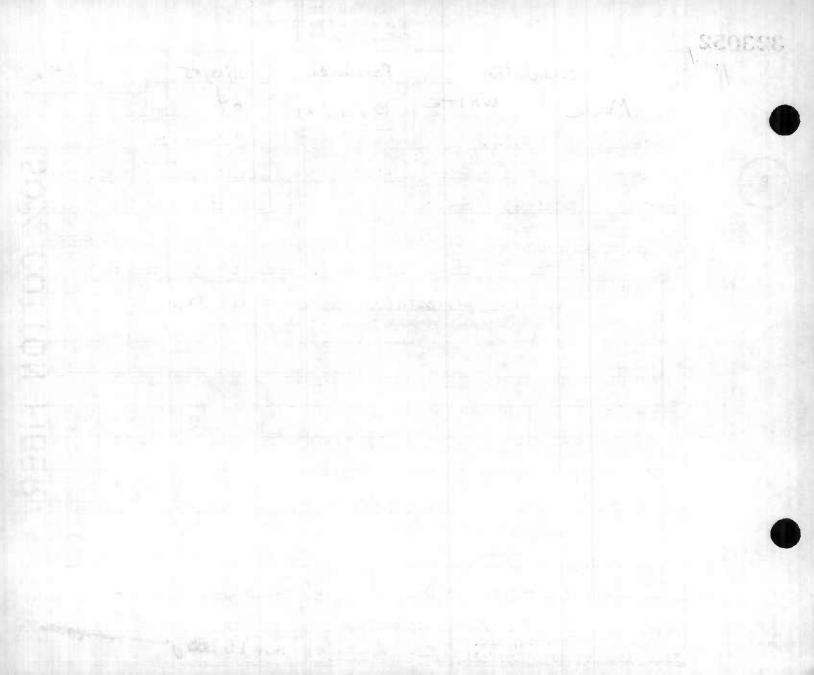
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI

IENE		

REGISTRAR				CERTIF	FICATE OF DEATH	1	REG. N	0.		
1 DECEASED NAM	AE FIRST	minter	MIDDLE	Pe	erzinoki		20. DATE OF DEATH	нтиом	DAY YEAR	2b. HOUR
3 SEX	Levi .	4. RACE	/	S. DATE C			6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1 1	lale.	u	phite	MONTH	H DAY YEA	AR	64	YRS	MONTHS DATS	HOURS MIN,
10. BIRTHPLACE	STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIN	D NEVER MARRIE		9. BALTIMORE CITY C	R COUNTY	OF DEATH	
Maryland	111	U.S.A		WIDOWE			Baltimore	City		MD.
CITY OR TOWN	OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTIO	N	120 USUAL OCCUPAT			OF BUSINESS OR
Baltimor	e /	-	amaritan		tal		Steel Wor	_		. Steel
SUAL RESIDENC	E (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE CITY LIM	urea I	13e STREET ADDRESS	/ 7IB CODE		
Maryland		imore	Dundalk		YES NO		2850 Plain			21222
A FATHER'S NAM					15. MOTHER'S MAID	ENNAM	ΛE			
John		MIDDLE	Perzin	eki	Anna		WIDDLE		Not H	Known
	ED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECU		17 INFORMANT		ADDR	SS	11001	.410W11
Yes, NO OR UNKN	(IF YES, GIV	E WAR OR DATES	215-12-	4221	Ruth G. F	erzi	nski	Sa	me as]	13e
T	OF DEATH (Enter or		l - A- con the	4(1					APPROX	XIMATE INTERVAL
NOI	HER SIGNIFICANT				NOT RELATED TO TH	E TERMIN	NAL DISEASE OR CON	20b. IF YES	VEN IN PART 1	INGS USED
21a. ACCIDEN	T WAS UNDERLYING	216. TIME O	FINJURY		21c. HOW INJURY O	CCURRE	YES NO			140
	TING CAUSE OF DE	THE STATE OF THE S	M. MONTH D							
-	OCCURRED	P. PLACE		19	21f LOCATION					
WHILE AT WORK	NOT WHILE AT WORK		PEET, FACTORY, OFFICE F	ARM, ETC)	STREET		CITY OF TO	WN	COUNTY	STATE
22a I certify sow the	that (I) (this hosp deceased alive on (I) (we) (did) (did no		1/3/ 19		nd that in (my) (our) o	ING _	eoth occurred on the di	FF	and from the	that (I) (we) lost a couses stated
22d. PHYSIC	IAN'S NAME (TYPE	OR PRIMIT,			PHYSIC 22e ADDRESS	IAN L	DIRECTOR PHYSIC	IAN LX	1//	12/03
6	valid	TAZIRI	MO		Good	San	nantan	Hosp	rtal	
23a. BURIAL, CREM	ATION, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION		COUNTY	STATE
Burial		11/15	/1985 Me	adowr	cidge_		Dorsey	Howar	-	Maryland
24 FUNERAL DIRE	CTOR Duda-F	Ruck, In	C. ADDRESS			Sa. DATE	REC'D. BY REGISTRAR	256 REGIST	BARIA GOOM	i g
	e Avenue		alk, Mary	land	21222	INO	14 1 0 1200	0		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the buriol-trions the permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical



STATE OF MARYLAND

and 0282 (12 (12) (72) (18)

SCREET PRINCES FRONTES . THE RESERVED THE

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Elf-Distance of the control of the C

speciment forwards

Lionara J. sucz, Inc. Spus Harrord dost HIZLA

194	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAN ALTH AND ME CATE OF DE	NTAL HYG	IENE 8 5		1 2	1 1
121	1. DECEASED NAME	FIRST	WIDDLE	LAS	15		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
-	(THE ONTRIPLE)	SAMUEL	EDWARD	1	PETTIGR	EW JR	November 2	4, 198	35	10:25a
1	1 SEX	4 F	RACE	5. DATE OF		YEAR	6 AGE (IN YEARS LAST BIRT	_	FUNDER I YEAR	IF UNDER 24 HRS
0	Male	20 Miles	black	MONTH	10	1933	52	YRS.	JATS DATS	MIN.
33	O. BIRTHPLACE (STATE O	DR FOREIGN 7b.	CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	□ NEVER MA		Baltimore city of			MD
12	Perry Point		NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET VA Medical Cer	ADDRESS)	OTHER INSTIT	UTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Janitor	N	12b. KIND C	orial
35	Md	PRE COUNTY	IR INSTITUTION GIVE RESIDENCE BEFORE REPORTS OF THE RANGAL TE		134 INSIDE CITY	LIMITS?	13e STREET ADDRESS /		ad 212	0.7
73	FATHER'S NAME	WIDI			15. MOTHER'S A	157			LAS	it
0/2/	Samue 1	DINITIS ADALE	Pettigre DEFORCES? THE SOCIAL SECU		DOY 17 INFORMAN		ADDRE	\$ 5	Mose	es
Poge	(YES, NO OR UNKNOWN)	(IF YES, GIVE W					on 8284 Voq		ıd	
- 1	18 CAUSE OF DEA	ATH (Enter only o	ine cause per line far (a), (b), an	d (c).				30.00	BETWEEN	MATE INTERVAL ONSET AND DEATH
4	PARTI. DEATH	IMMEDIATE C		hepato	orenal f	ailur	e			
3 4	The Action		DUE TO, OR AS A CONSEQUE	ENCE OF			bronchopne			
to die	Conditions, if or		Edema & C	congest	tion of	Lungs	, marked w/	early		
of cremo	gove rise to in cause (a), sta underlying cau	ting the	due to, or as a conseque	is, ch	ronic,	calci	fying			
Then pin to laying injury, o	PARY 2 OTHER SIG	GNIFICANT CON	DITIONS CONTRIBUTING TO I	DEATH BUT N	OT RELATED TO	O THE TERM	INAL DISEASE OR CONE	ITION GIVE	N IN PART III	a
oder 7	190 DATE OF OPER	NOITA	196 CONDITION FOR WHICH	OPERATION	WAS PERFORA	MED	200 AUTOPSY?		WERE FINDING CAUSES	
\$ 8 /s	210. ACCIDENT WAS U	INDERLYING	216. TIME OF INJURY	AV VEAD	21c HOW INJU	IRY OCCURE	RED (ENTER NATURE OF INJUR			

OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (X(this haspital) attended the deceased from November 15. 19_85

s 🚾 🔮 🖒 🖒 🖒 🖟 Selve is 💢 💢 💢 💢 💢 💢 💢 , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated allower. (1) (we) 13 to 1 (did not) view the body after death.

DEGREE 971 22b. SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN X 11-25-85

22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

VA Medical Center, Perry Point, Md

K. H. HUEBNER, M.D. 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23c NAME OF CEMETERY OR CREMATORY 11/29/85

Arbutus Memorial Park

Arbutus

STATED

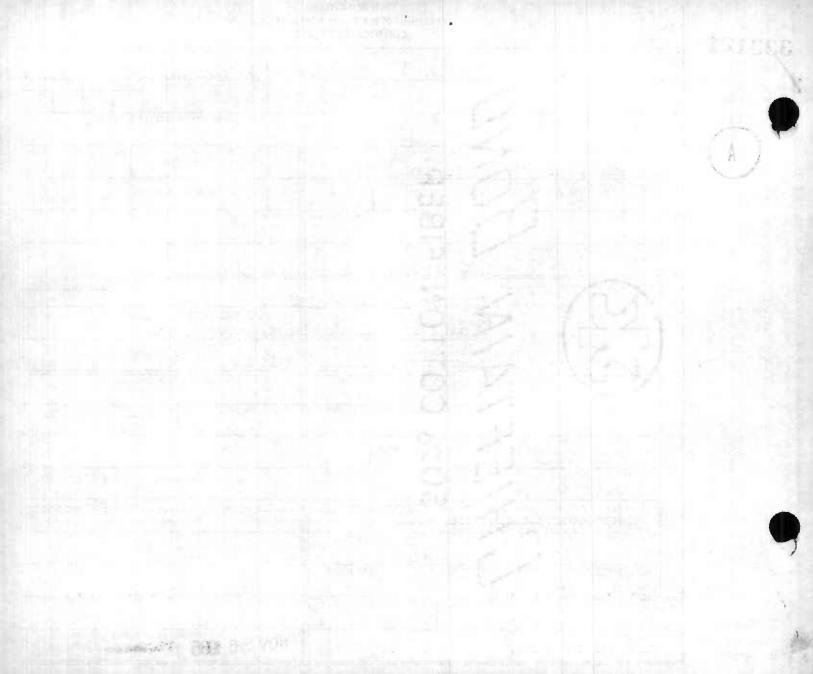
COUNTY

24 FUNERAL DIRECTOR

March Funeral Home, West 4300 Wabash Avenue

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL DIRECTOR



ITEM NUMBER 13a, PER DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

STATE OF MARYLAND

344005

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO MIDDLE LAST 20 DATE OF DEATH 1 DECEASED NAME TTYPE OR PRINTS Margaret Ashe 85 Phillips IF UNDER I YEAR 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 3 SEX DAYS MONTH DAY YEAR Female White 28 1920 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Baltimore. Maryland DIVORCED ** WIDOWED IO CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17n USUAL OCCUPATION INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hw f Long Green Nursing Home Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE
113b. COLINTY 13e.STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? 17 Hamill Road Baltimore YES TH NO F Marvland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Ashe Mavs Harry 166 SOCIAL SECURITY NO. IAM WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES, GIVE WAR OR DATEST IYES NO OR UNKNOWN 220-03-9400 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), its PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH PM (IF EITHER NOTIFY MEDICAL EXAMINER) TH LOCATION 21s. PLACE OF INJURY 21d INJURY OCCURRED (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from eceased alive an and that in (my) (aur) apinian death occurred in the date and hour and from the causes stated 226 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 77¢ ADDRESS 22d PHYSICIAN'S NAME LITYPE OF PRINTI 23c NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION, REMOVAL 23b DATE CITY OF TOWN COUNTY STATE (SPECIFY) Bal to Burial Salem Cemetery Hampstead 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

d b

NAME ADDRESS Hampstead. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

E DUNES

William C. Walliam C. H. B. . Sock holand Avo., Holton . 14. CLCIO

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		STATE REGISTRAR			DETAIL		ICATE OF DEATH	REG. NO	0.		
		EASED NAME	FIRST		MIDDLE	l	AST		MONTH	DAY YEAR	26 HOUR
5	(TYPE C	OR PRINT)	Nett:	ie	V.		Phillips		11	4 85	l A.M
	3 SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY}	IF UNDER 1 YEAR	IF UNDER 24
		Female		Whi	Lte	MONT.	0 2 25	60	YRS.	MONTHS DAYS	HOURS
F		THPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	/? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	_		
-	1	Maryland		U	S.A.	WIDOWE		Baltin	nore	City	4.00
		Y OR TOWN OF DE	ATH				OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON F WORKING I	12b. KIND C	F BUSINES
1		Baltimore			Cherry		(Home)	Housewife		Home	Maker
1	USUAI 13a ST	L RESIDENCE (IF NUR!	13b COUN	VTY YTT	Baltime	DRE ADMISSION)	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS /	ZIP COD	DE	7006
200			===		Baltim	ore	YES MO		ry St	reet 2	1226
	14. FAT	John		WIDOLE	LAST	3	15 MOTHER'S MAIDEN NA Helen	ME		45	iller
)			1		Rest					M	lller
	16a W.	AS DECEASED EVER (5, NO OR UNKNOWN) NO		MED FORCES?	166 SOCIAL SE		17 INFORMANT	ADDRE			
		No			217-22	-0901	Alfred Maza	an Same a	as 13		
- 1		PART I. DEATH W	H (Enter on	ly one couse per	line for (a), (b),	and fof	- 0			BETWEEN	IMATE INTERV
		Canditions, if ony gove rise ta im- cause tat, station underlying cause	mediote ng the	DUE TO, O	Caro	hoic	arryte Quotick	autdo	eas	e	
9	_	gove rise to important cause (a), statu	mediote ng the e last.	ton	SUFFICE TO SUFFICE TO	dia	Cerchic La MAS PERFORMED N WAS PERFORMED	ellitee	MA IF YE	LIVEN IN PART 1)	NGS USED OF DEATH
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9	CERTIFICATION	gove rise to im- cause (a), statin underlying cause PART 2 OTHE SO The DATE OF OPERA 71a, ACCIDENT WAS UN OR CONTRIBUTING	mediate ng the e last. NATION DERLYING CAUSE OF DEA	PIDITIONS CO	ONTRIBUTED TO	dia MOPERATIO	bells m	VES NO	70h, IF YE IN CERT	ES, WERE FINDING FYING CAUSES	NG5 USED OF DEATH
9	CERTIFICATION	gove rise to im- cause (a), statin underlying cause PART 2 OTH A SO The DATE OF OPERA 21a. ACCIDENT WAS UN	mediate ng the e last. ILLIANT ILLIAN	21b. TIME CONDUITH HOUR A.	DITRIBUT RG TO	DAY YEAR	bells m	VES NO	PMA, IF YE IN CERT Y RY IN ITEM TS	ES, WERE FINDING FYING CAUSES	NG5 USED OF DEATH
9	CAL CERTIFICATION	gove rise to im- cause 101, stalli underlying cause PART 2 OTHER SIGN In DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER, NOTIFY MED	mediate ng the e last. NICANITION DERLYING CAUSE OF DEA ICAL EXAMINER RED	21b. TIME CONDUITH HOUR A.	DITTRIBUT NO TO ITION FOR WHIC OF INJURY M. MONTH M.	DAY YEAR	N WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION	TOR AUTOPSY? VES NOTER NATURE OF INJUI	PMA, IF YE IN CERT Y RY IN ITEM TS	ES, WERE FINDING CAUSES	NG5 USED OF DEATH NO
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9	MEDICAL CERTIFICATION	gove rise to improve to improve to the course to the cours	DERLYING CAUSE OF DEA	21b. TIME CHOUR A. b) P. 21e PLACE (AI HOME STI	OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE decedled from	DAY YEAR 19 E, FARM ETC)	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TS.	PART 1 OR PART 2) COUNTY	NGS USED OF DEATH NO 1
9	MEDICAL CERTIFICATION	gove rise to improve to improve to the course to the cours	DERLYING CAUSE OF DEA	21b. TIME C HOUR A. b) 21e PLACE (A1 HOME STI	OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE decedled from	DAY YEAR 19 E, FARM ETC)	21c. HOW INJURY OCCUR 21l. LOCATION STREET , 19 and that in (my) (our) apinion DEGREE	RED (ENTER NATURE OF INJU-	WN CERT IN SERVICE TERM TERM TERM TERM TERM TERM TERM TER	PART 1 OR PART 2) COUNTY	STA
9	MEDICAL CERTIFICATION	gove rise to improve to improve to improve to improve to improve the provent to t	DERLYING CAUSE OF DEAL EXAMINER RED	21b. TIME CHOUR A. b) P. 21e PLACE (AI HOME STI	OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE decedled from	DAY YEAR 19 E, FARM ETC)	21c. HOW INJURY OCCUR 21l. LOCATION STREET , 19 and that in (my) (our) apinion DEGREE	RED (ENTER NATURE OF INJU	WN CERT IN SERVICE TERM TERM TERM TERM TERM TERM TERM TER	PART 1 OR PART 2) COUNTY 19 ur and from the	STA
9	MEDICAL CERTIFICATION	gove rise to im- cause 1a), stalli underlying cause PART 2 OTHER SIGN 1a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTHEY MED 21d, INJURY OCCUR 1	DERLYING CAUSE OF DEAL EXAMINER	21b. TIME COND 11b. COND 11b. COND 11b. COND 11c. HOUR A. 10b. P. 21e. PLACE (A1 HOME STI	DNITHBUT RG TO ITON FOR WHICH OF INJURY RET, FACTORY, OFFIC Alery death.	DAY YEAR 19 E, FARM ETC)	21c. HOW INJURY OCCUR 21l. LOCATION STREET , 19 and that in (my) (our) apinion DEGREE	RED (ENTER NATURE OF INJU-	WN CERT IN SERVICE TERM TERM TERM TERM TERM TERM TERM TER	PART 1 OR PART 2) COUNTY 19 ur and from the	STA
9	MEDICAL CERTIFICATION	gove rise to improve to improve to improve to improve to improve the provent to t	DERLYING CAUSE OF DEAL EXAMINER	21b. TIME CHOUR A. b) P. 21e PLACE (AI HOME STI	DNTRIBUTERG TO	DAY YEAR 19 E. FARM ETC)	21c. HOW INJURY OCCUR 21l. LOCATION STREET , 19 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	RED (ENTER NATURE OF INJU-	WN CERT IN SERVICE TERM TERM TERM TERM TERM TERM TERM TER	PART 1 OR PART 2) COUNTY 19 ur and from the	STA

DHMH - 16 50M 4/83 (VRA 15, 4)

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38341					
age then muchly a.s. Ed	Len Javon John 18	13/2/35	1.25		

(VRA 15, 4)

24 FUNERAL DIRECTOR

STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SICHAMINA

22c. DATE SIGNED

7h HOUR 705

Mb. KIND OF BUSINESS OR

Fischer

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

that (I) (we) last

INDUSTRY

YES [

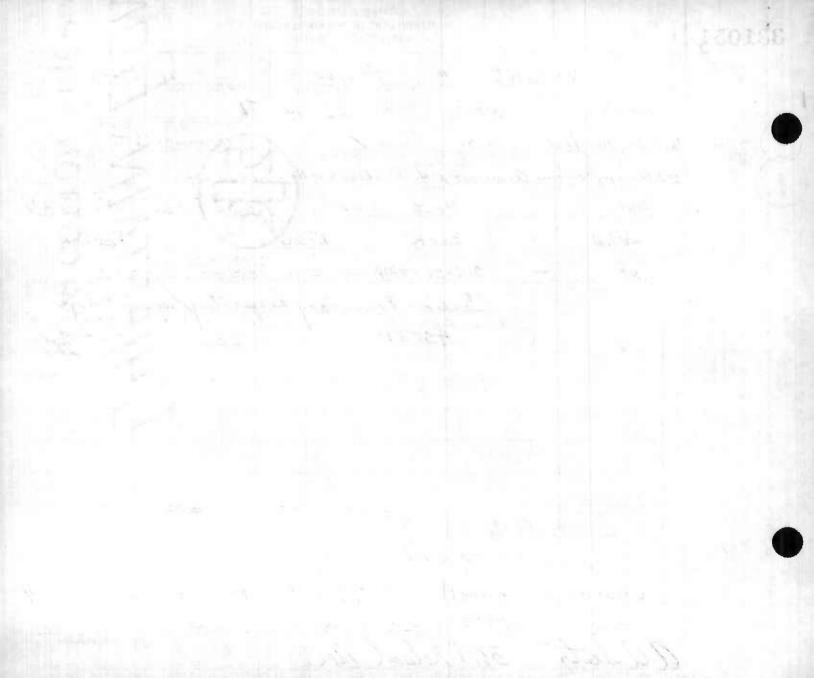
COUNTY

83

COUNTY

IF UNDER 24 HRS

DHMH - 16 60M 7/84



160 WAS DECEASED EVER IN U.S. ARMED FORCES?

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

		REG.	NO.	
DATE	OF	DEATH	MONTH	

ADDRESS

1. DECEASED NAME {TYPE OR PRINT}	FIRST	NIDDLE	LAST	70. DATE OF DEATH MONTH	OAY YEAR	26 HOUR
4	ROGER L	. PIERPO	NT	NOVEMBER 22	1985	12.072 M
3. SEX	4 RACE		E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Male	Caucas		ember 6. 1911	73 YRS		HOURS MIN.
70 BIRTHPLACE (STATE OF	FOREIG 76 CITIZEN OF	WHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH	
Maryland	United	a	WED DIVORCED	Baltimore (Citu	MD.
CITY OR TOWN OF DE		HOSPITAL, NURSING HOM	E OR OTHER INSTITUTION	17g USUAL OCCUPATION		F BUSINESS OR
Baltimore		nd General H	ospital	Entomologist	E.P.	.A.
UAL RESIDENCE (IF NUI	REMAINSTITUTION	GIVE RESIDENCE BEFORE ADMISSIO	113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	ODE Apt. #1	1111
Maryland	Montgomery	Bethesda	YES NO X	7401 Westlake	Terrace ,	/ 20817
14 FATHER'S NAME		1.55	15 MOTHER'S MAIDEN NA			
Edwin	WIODLE	Pierpont	Ethe1	MIDDLE	Zimme	

Yes	II	148-22-5958	Mrs.	Elizabeth	D.	Pierpont,	Wife,	Same	as	#13
18 CAUSE OF DEAT PART I. DEATH V	VAS CALISED BY	couse per line for (a), (b), and (c)) SE (a) Acute Respira	tory	Failure				PPROXIMATE IN WEEN ONSET A DUTES	iTERVAL ND DEATI	н
Conditions, if ony	, which	JE TO, OR AS A CONSEQUENCE OF (b) Chronic Resp.		y Failure			mo	nths		
couse (o), statu	ng the DI	UE TO, OR AS A CONSEQUENCE OF		tructive Pu	1mc	nary Disea	ase ye	ars		
PART 2 OTHER SIG	NIFICANT CONDU	IONS CONTRIBUTING TO DEATH BE	JT, NOT RELA	TED TO THE TERMINAL	DISE	ASE OF CONDITION	GIVEN IN PA	RT No		

17. INFORMANT

20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

September 4, 1985 Trachestomy for ventilator dependence X 216 TIME OF INJURY HOUR A.M. MONTH

16b. SOCIAL SECURITY NO.

21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC)

220 1 certify that (K(this hospital) attended the deceased from August 16. 19_85

November 22, 19 85, and that in xx (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE 22c DATE SIGNED

22e ADDRESS 22d. PHYSICIAN'S NAME

P.A., 300 W. Montgomery Ave., Rockville, MD.

c/o Maryland General

ATTENDING PHYSICIAN

Potomac United 230 BURIAL, CREMATION, REMOVAL (SPECIFY)

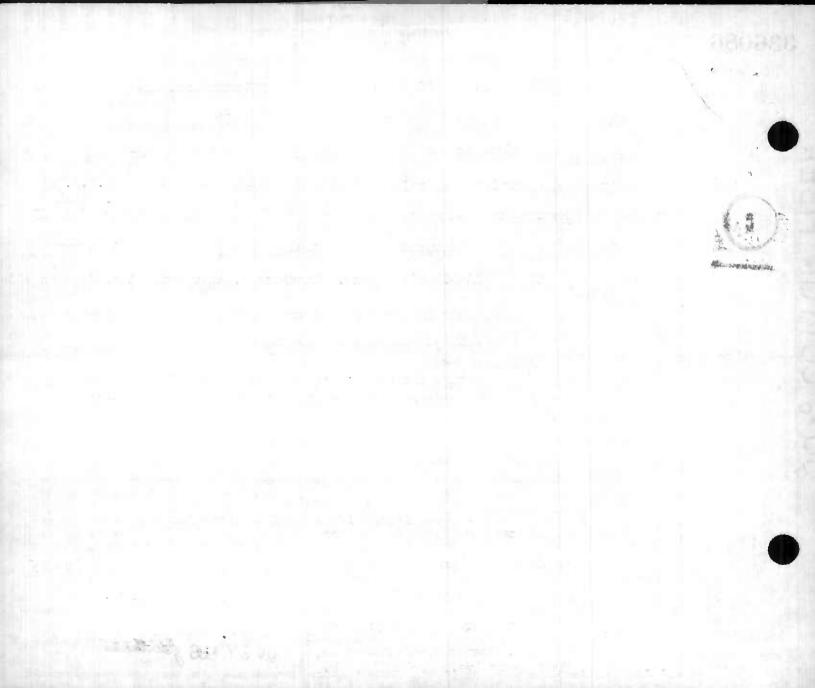
Burial Methodist Church Cemetery Potomac Maryland 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes,

(VRA 15, 4)

DHMH - 16 60M 7/B4

WEDICAL

DIVISION OF VITAL RECORDS,



				STATE OF MARYLAND	44 17	.7 1 .	0 1 /
71	1 -	FOR STATE DECISIONAL	DEPAR	TMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH		0 1	in 1 /
-	1 05	REGISTRAR			REG. N		
		CEASED NAME PRINTS	MIDDLE	O II	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
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	3. SE)	X	4 RACE	S. DATE OF BIRTH	6 AGE PARENTE	MONTHS DAYS	
4	1	mala	W	MONTH DAY YEAR	64	VPE MONTHS DATE	s MOOKS MIN.
A	7 E BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	13 8	9 BALTIMORE CITY	OR COUNTY OF DEATH	
a	6	En resulvani	LUS	MARRIED NEVER MARRIED WIDOWED DIVORCED	FI Bal-	timora (1,41 00
A	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT		OF BUSINESS OR
١		Ball.	(IF NOT IN SUCH FACILITY, GIVE STRI		(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTR'	Y
4	11511	AL RESIDENCE (IF NURS NO 1994)	THER INSTITUTION GIVE RESIDENCE BEF	Out to wish to his	Precison	com	9490
J	13a. S	STAPO	MTY 13c. CITY OR TO	WN 136 INSIDE CITY LIMITS			1011
4		PA	OF YORK T			za unont	Ng
1	14 FA	THER'S NAME	MJDDIE LAST	15 MOTHER'S MAIDEN	NAME MIDEO		124
1		Hacold 81	ttman	C991	truda 3	nel hame	~
7	16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SE	CURITY NO. 17 INFORMANT	ADDR	ESS	
5	()	YES (16 YES GI	2-10/45 192	2 1934 MARY PITTM	MAN 405 BEAUM	ONT RD YORK	C. PA.
/			inly one couse per line for (o), (b),		201 100 221011		DXIMATE INTERVAL N ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY:	. / / ^	creinoma c		85 +611-85
		IMMEDIA	TE CAUSE (0) PONC	hoalveolar Ca	er e morria c	+ lune 1-	02 111 83
			DUE TO, OR AS CONSEC				
		Conditions, if ony, which	(b) tun	gal confyrme	a		
- 1		couse (o), stoting the	DUE TO, OR AS A CONSEC	UENCE OF			
		underlying couse lost.	(c)				
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART	1 0
	O	1	uneal gimo	119.00			
11	AT	190 DATE OF OPERATION	196 CONDITION FOR WHI	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	INGS USED
1	IFI				YES AT NOT	IN CERTIFYING CAUSE	ES OF DEATH?
1	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY	21c HOW IN JURY OCC	CURRED (ENTER MATURE OF INJU		
1		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR			
	CA	(IF EITHER NOTIFY MEDICAL EXAMINE		19			
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	21f. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
-		AT WORK AT WORK			- 1	0	
		22a.l certify that (I) (this hosp	oital) attended the deceased from		5 , to 1///	. 19 85	, that (II (we) lost
		sow the deceased alive or	ot) view the body alter death.	ond that in (my) (our) opin	nion death accurred on the d	ate and hour and from th	ne couses stated
		22b. SIGNATURE	orr view title body offer death.	DEGREE		22c DAT	TE SIGNED
		1100.	12. A	ATTENDIN	G _ MEDICAL _ STA		11/1/00
1		22d PHYSICIAN'S NAME (TYPE	a syri	PHYSICIAI 22e ADDRESS	N DIRECTOR PHYSI	IAN	1/11/20
		THE PHILATE AN SNAME (TYPE	OR PRINT)	The ADDRESS	- (1
		10090	Ca 13400	MO dd	133701C	1 21	
	23e. E	BURIAL, CREMATION, REMOVAL	L 23b. DATE 23	NAME OF CEMETERY OR CREMATO	RY 23d LOCATION		
	(REMOVAL	11/15/85 N	T. ROSE CEMETERY	YORK	YORK	PA.
	24 FI	JNERAL DIRECTOR			DATE REC'D. BY REGISTRAF		
B4	9	· yemes In all	A71 MADICON AVI	MO	V.1 8 100E	10. 0	
	Ca	ind E. Small	471 MADISON AVI	. IURK, PA.		Helia Bail	2

STATE OF MARYLAND

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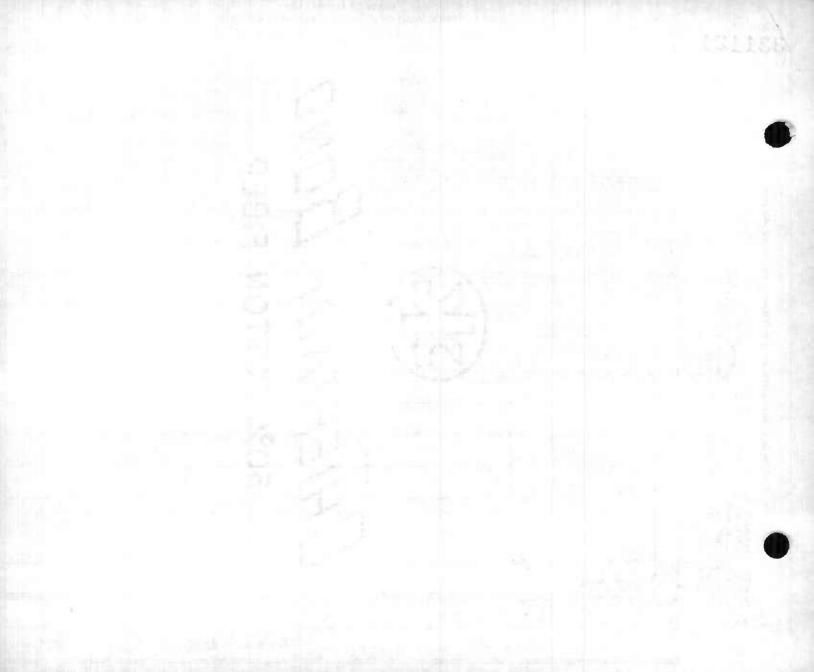
DIVISION OF VITAL RECORDS, 201

(VRA 15, 4)

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	CEASED NAME	FIRST		MIDDLE		LAST		To DATE KNOWN	MONTH	DAY YEAR	2b_H
(146	E OK PRINT)	Carr	io	М.	D	ollard	- 1	OF ESTI-	x 11/1	7/1985	
3. SEX		RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN		ER 24 HRS.	2c. DATE	MONTH .	DAY YEAR	2:
177	EMATE	DI A CIL	MONTH CAY	YEAR LAST BIRT		HS DAYS HOURS	MIN.	PRONOUNCED DEAD	11/1	0/.05	2: P
		BLACK	3/3/19 76. CITIZEN OF W		Ta:			9 BALTIMORE CITY		05 DEATH	P
FO	REIGN COUNTRY)					NEVER MA	RRIED 🔲 📗		_	OI DEATH	
N	C	DEDEATH	USA	SPITAL, NURSING HO				Baltimore AL OCCUPATION (TY		L KIND OF BI	CINICO
	11000100010	DEATH	(IF NOT IN SUCH FA	ACILITY, GIVE STREET ADDRESS	ME, OR OTH	TER INSTITUTION	FOR A	AOST OF WORKING LIFE)		OR INDUST	RY
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13a. S	L RESIDENCE (I	IF IN NURSING HOME O	OR OTHER INSTITUTION, G	13cm AY OF TO WE		13d. INSIDE CITY LIMITS	? I3e STRE	ET ADDRESS	616	-0 do	
	עווא			DALITM	JKE	YESX NO	123	9 ELM LE	AF CO	URT	
14. F/	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MA	IDEN NAME	MIDDLE		LAST	
1	MANIN	D		BREWING'	TON	EFF	IE	**************************************	H	UMPHR	ΞY
	VAS DECEASED	EVER IN U.S. AR		166 SOCIAL SECUR		17. INFORMANT		ADDRES			
N	ES, NO, OR UNKNOV	(IF YES, GIVE	WAR OR DATES)	218-22-	9922	ANGELO	EVAN	S 2041 N	AVE	nue	
H		DEATH (Enter on	ly one cours per line	e far (a), (b), and (c).)	7733	ARGELO	TAVIA	D ZUTI IV	. AVC.	APPROXIMAT	INTER
	PARTIDEA	ATH WAS CAUSE	D BY:		azati	a Cardia	rocanila	n Diagona		BETWEEN ONSE	I AND E
		IMMEDIA	TE CAUSE (a)	Arteriosc]		c Cardio	ascura	ir Disease			
	Condition	s, if any, which	DUE TO, OR	AS A CONSEQUENC	E OF						
	gave rise	e ta immediate	(b)				1.77				
	lying caus	stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENC	E OF						
	7		(c)								
_	PART 2 DTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	SE DR CONDITION GIVEN I	PART 1 (a).				-
CERTIFICATION											
3	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OP	ERATION W	VAS PERFORMED?				20 AUTOPSY	>
E										YES X	NO
	71a EXTERNAL		21b. TIME OF	FINJURY A. MONTH DAY YE	AR ZIC H	OW INJURY OCCU	RED LENTER N	ATURE OF INJURY IN ITEM 18	PART I OR PART	?)	
	UNDERLYING CONTRIBUTIN	OR IG CAUSE OF I			730						
MEDICAL	21d. INJURY O		21e PLACE	OF INJURY (AT HOME,		CATION					
3	AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET		CITY OR TOWN	COUNT	TY	ST
						[V]					
	22a I certify	y that I taak charg	/	scribed abave, held an	Autap	osy X, Insper	tian .	Inquiry L., _ a	nd in my apini	an	
		d fram: Natu	gligouses [X],	Accident	Suicide	, Hamicide	Undete	ermined manner	,		
1	death resulte	-				TITLE (SPECIFY					
	OTANIA	- 4	Hom								
	ACTUAL SIGNATURE_	X	100		M	Assista	Las	CALEXAMINER	DATE SIGNED.	11/20	1/8.
	ACTUAL SIGNATURE_	X	10		M		Las	CAL EXAMINER	DATE SIGNED.	11/20)/8
	ACTUAL	X	porv R. Ka	auffman, M	^	AD Assista	int_MEDI	CALEXAMINER	DATE SIGNED.	11/20)/8!
23a.B	EXAMINER'S N (TYPE OR PRIN	NAME Gree		auffman, M.		A.D. Assista	ant MEDI	nn St.	SIGNED.		
23a.B	EXAMINER'S N (TYPE OR PRIN	NAME Gree	3b. DATE	23c. NAME OF C	EMETERY C	ADDRESS	nt MEDI	n St.	SIGNED.		
(5	ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	NAME Greg		23c. NAME OF C	EMETERY C	ADDRESS ADDRESS DR CREMATORY EM. PARK	nt MEDI	nn St.	SIGNED.	MĎ	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEI

P	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CF	RTI	FICATI	OF	DEATH	

5	3	1	2	2	
				-	

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
6		CEASED NAME FIRST	MIDDLE	0,	AST		MONTH DAY		26 HOUR - 45
V		Dophi	12 6	(0)	llard		11 17	85	3 9 W
	3. SE)	-	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNGER I YEAR	IF UNDER 24 HRS
			0	5	26 02	83	YRS		
10		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	VTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY O	FDEATH	
9	-	Md	U.S. A.	WIDOWE		Git	V		MD
)	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C		120 USUAL OCCUPATIO			F BUSINESS OR
6		Baltimore	OF SCAN E	STREET AOORESSI		TYPE OF WORK FOR MOST OF	A	INDUSTRY	
		AL RESIDENCE LIF NURSING HOME OR		BEFORE ADMISSION)		unemploy	2.0		2/2/8
1		TATE MO 136 COUN	Balt.	more	13d INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS /	ZIP CODE	reet	21218
	14. FA	THER'S NAME	MIODLE	ST.	15. MOTHER'S MAIDEN NA	WE		LAS	1.7
20		William	Stei	wart	Tempie			N.	/A
1		VAS DECEASED EVER IN U.S. AR		SECURITY NO.	17. INFORMANT	ADDRE	.0		,
/	()	VES NO OR UNKNOWN) (IF YES, GIV	219-3	0-7638	Kenneth Ste	Wart 5838	Rac		pad
-		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	Ď BY	Ungest	in House E	zilline		BETWEEN	MATE INTERVAL ONSET AND DEATH
1		IMMEDIAT	E CAUSE (a)	Chiqesi	INCO I IN	0.11010		Pear	
1			DUE TO, OR AS A CON	SEOUENCE OF					
/		Conditions, if any, which gave rise to immediate	(b)						
		couse (0), stating the underlying couse lost	DUE TO, OR AS A CON	SEQUENCE OF					
			(c)						
	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 110	3
	CERTIFICATION						Total In Man 1	. (EDE ED ID !	
4	CA	190. DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
1	RTIE					YES NO	YES		NO 🗌
9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19		100-1	110		
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	DEFICE FARM ETC.)	21f LOCATION STREET	CITY OF TOV	VN	COUNTY	STATE
	2	AT WORK NOT WHILE					7.1		
		22a L certify that (1) This hospi	ottended the deceased	from Sep	27 19 85		17	85	that (I) wellost
		saw the deceased alive an	t) view the bady after death.	_1995, ar	nd that in (my)(our) pinion	death accurred an the da	te and haur a	nd from the	causes stated
		22b. SIGNATURE	2 411		DEGREE			22t. DATE	SIGNED
		Killaine	o lollun	- 1	PHYSICIAN [MEDICAL STAF		111	18/95
1		22d PHYSICHAN'S NAME (TYPE O	OR PAINT		22e ADDRESS				
1		Kichard	Goldman		FSKM 494	10 Eastern	Ave		33.50
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	73c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	L	Burial	11/21/85	King Me	morial Park	Randalls			Md
								The second second	A THE STATE OF THE

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR:

(VRA 15, 4)

24 FUNERAL DIRECTOR
Will'Mam C. March F/H West 430055 Wabash Avenue

1	FOR STATE REGISTRAR			DEPA		CATE OF DEATH	GIENE REG. N	0.		
	CEASED NAME	FIRST	,	AIDDLE	LA	ST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
TYPE	ORPRINT)	BE	+	OLT.A	ND PO	PE			-85	5 40 PM
3. SE	X	4	RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
/	MALE		WHI		4	- 8 - 18	67	YRS.		
	RTHPLACE (STATE OR I	OREIGN 71	CITIZENOF	WHAT COUNT	RY? 8.	NEVER MARRIED	9. BALTIMORE CITY O	_	-()	
	arvland	- 1	TISA		WIDOWE	_	BAUTIMOR	e ci	TY	MD
10. C	TY OR TOWN OF DEA	ATH. 1				ROTHER INSTITUTION	120. USUAL OCCUPATI	ON		F BUSINESS OR
1	BALTO.		SINA	HOSF	>ITAL		Merchandise		Groc	ery
USU.	AL RESIDENCE (IF NURS	134 COUNT	THER INSTITUTION	13c. CITY OR T	EFORE ADMISSION)	134. INSIDE CITY LIMITS?	130. STREET ADDRESS			
	MD	Tal	bot	EAST		YESXX NO 🗆		URORA	ST.	21601
14 F/	THER'S NAME					15. MOTHER'S MAIDEN NA				
/	MILTON	2	H.	POI	PE	L12218			GIE	BS
	VAS DECEASED EVER			166 SOCIALS	SECURITY NO.	17. INFORMANT Ma:	rgaret Moop			
ES	YES, NO OR UNKNOWN)	WW	II	214-	10-740	2 CHART	S	ee 13e		
	18. CAUSE OF DEAT	H (Enter only	ane cause per	line far (a), (b	1, and (c).1				BETWEEN	ONSET AND DEATH
	PART I. DEATH W	AS CAUSED IMMEDIATE		CAR	DIAC A	PREST			25	MIN
	E 1 5	IMMEDIATE								
	Candidana 16 and		DUE TO, O	R AS A CONSE	DOMTO	PATHY			5	YRS
	Conditions, if any		(6)	CAP	PIONTO	111101				
	cause (a), statir underlying cause		DUE TO, O	R AS A CONSE	OUENCE OF					
			(c)							
2	PART 2 OTHER SIGI	NIFICANT CO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART II	0'
CERTIFICATION			Transcours		Herr Open Lilos	LIVING DEDECORVES	200 AUTOPSY?	120b. IF YES, V	A/EDE EINIDII	NOSTIGED
15	19a DATE OF OPERA	IION	196. COND	ITION FOR WE	HICH OPERATION	N WAS PERFORMED	206 AUTOPST			OF DEATH?
18							YES NO	YES		NO 🗌
8	210. ACCIDENT WAS UN		21b. TIME C	M. MONTH	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
3	OR CONTRIBUTING		1	M. MOITIE	19					
MEDICAL	214 INJURY OCCUR		21e PLACE		.,	211. LOCATION			COUNTY	STATE
M.	WHILE NOT WE	HILE	(AT HOME STI	REET, FACTORY OF	FICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that	(this haspite	al) attended th	e deceased fro	am 11-2	9 19 85		0 19	85	that (I) (ma) l ast
	saw the deceas	ed alive an_	11-30	21	19 85 , an	d that in (my) (aux) apinior	n death occurred an the d	ate and haur a	nd from the	causes stated
	above, (I) (we) (did) (d.d not)	view the bady	atter death.		DEGREE			22c. DATE	SIGNED
	Mail	R.S.	now	esp	_ /	ATTENDING PHYSICIAN	MEDICAL STA		11-3	30-85
1	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDRESS				
	MARK:	S. NO	OVEC	K, M	D	SINAI HOSE	THAL, BA	LTO	MD :	21215
	BURIAL, CREMATION,	REMOVAL	23b. DATE		231 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COLINITY	STAIF
	Burial		12-3	-85	Spring	Hill	Easton	Tal	bot	Md.
24.0	UNICOAL DIRECTOR					20 00	TE DECID BY DECISTO A	201 DECICEDA	DIC CLOSES	TUDE

DHMH - 16 50M 4/82

(VRA 15, 4) Newnam Funeral Home

Easton.

Md

When to 1 - 2 - 222 X - 8 - 4 1 3 1440 Late the late the second of the late of th State of the Control TRACE MIGHE The second secon The state of the s DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MA

FOR STATE REGISTRAF

DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

		REGISTRAR		CERTIF	ICATE OF D	EAIN	REG. NO	D.		
		CEASED NAME FIRST	MIDDLE		AST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOURS
101	TYPE	ORPRINT) Hele	(N) Elizabeth	1 ROI	uell	1000		11 11	1 85 1	-
1				401			6 AGE (IN YEARS LAST BIR	AUD AUS	IF UNDER I YEAR	IF UNDER 24 HRS
	3. SE		4 RACE	5. DATE C	DE BIRTH DAY	YEAR	AGE (IN YEARS LAST BIR		AONTHS DAYS	HOURS MIN.
		Female	Black	8	14	37	4:	B YRS	1	
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8			9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
74		arvland	U.S.A.		NEVER A		British	rove Cit	tu	
		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWE		ORCED X	120 USUAL OCCUPATI		Tial KIND OF	F BUSINESS OR
10	0	, 1, 5	(IF NOT IN SUCH FACILITY, GIVE STRE		K OTHER 11431	ITOTION	(TYPE OF WORK FOR MOST O		E) INDUSTRY	
10	1.	Daltimore	Masn + Land				Nurse		Churc	ch Home
30	USU		OTHER INSTITUTION GIVE RESIDENCE BEFO				L. STREET ADDRESS	710 0000		
(6)		aryland 36. COUN	Balti		13d. INSIDE C		13e STREET ADDRESS	th S	treet	212'18
	-	ATHER'S NAME	Daici	HOLE	YES X	MAIDEN NAM		CII D	CICCC	21210
0	14. FA		MIDDLE LAST			FIRST	MIDDLE		LAST	r
O	Li	inton	Thorn	ton	Inez				Hill	
1		WAS DECEASED EVER IN U.S. AR		CURITY NO.	17. INFORMA	NT	ADDRE	SS		
	no		(E WAR OR DATES) 216-26	_7348	Ine	7 Thou	rnton 444	Tlch	ester	Ave.
	110		210-20	7340	1110	2 1101	LIICOII 111	11011		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), o	and (c).					BETWEEN	MATE INTERVAL
			TE CAUSE (a)	SOLVER	ry -	tnest		- 15-	min	URS
			DUE TO, OR AS A CONSEO	HENICE OF	/					
		Canditions, if ony, which		OLIVEE OI					74	
		gave rise to immediate	(b)							
		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	UENCE OF						
		onderlying coose last	(c)							
		PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION GIVE	EN IN PART 110	1
	CERTIFICATION									
73	ATI	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		, WERE FINDIN	
4	F								YING CAUSES	
-	E		3 44 744 05 64440		Tot Howen		YES NOL		S	ио 🗌
A		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	ZIC HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	MILE B					
	Ö	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATIO	N			COUNTY	STATE
	M	WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFICE	E, FARM, ETC]	STREET		CITY OR TO	WN	COUNTY	STATE
		AT WORK — AT WORK		17.0	1 0	8-	10 Nas	11	600	
- 1			attended the deceased from	and the same		, 19 85				that (I) we ast
		saw the deceased alive an	19.	, ar	nd that in (my	(aur) prinian a	feoth occurred an the di	ate and hour	ond from the c	tauses stated
		778 SIGNATURE	0000		DEGREE				22c. DATE S	SIGNED
		Villa	April 1111			TTENDING PHYSICIAN	MEDICAL STAT		11/11	1/85
,	- 5	224 PHYSICIAN'S NAME BYRG	Marin Marin		22e ADDRES		DIRECTOR PHISIC	IAIYO	11/11/	700
		0110	CII		Co	3	1.0.1	A	0	11 00
1		Kichard	Coldman		FSKW	1 44	10 caster	IN A	me bo	all MID
- 1		BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF C	EMETERY OR (REMATORY	23d LOCATION		20145	
		(SPECIFY)	11 16-85	Eastv	iew		Baltimo	re	Ma	ryland
	-	URTAT. UNERAL DIRECTOR	117-10-02	TO CV	TC 84	I 25n DATE	REC'D. BY REGISTRAR			
84		NAME	ADDRESS		1	ALC:	1 5 400F	A Beer B	widow - 1/2	2.00
- 3	W	.C.March F/H	Co. 1101 E.	Nort	h Ave	118	1 4 9 1900	M Sept Day	MARCON !	- Andrew

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital

BP

TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physicis should be detached for use as the build-transit permit. Then please remove corbonapher with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, th

3112 Resteratour

FOR

REGISTRAR

- STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG NO

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

YES T

COUNTY

22c. DATE SIGNED

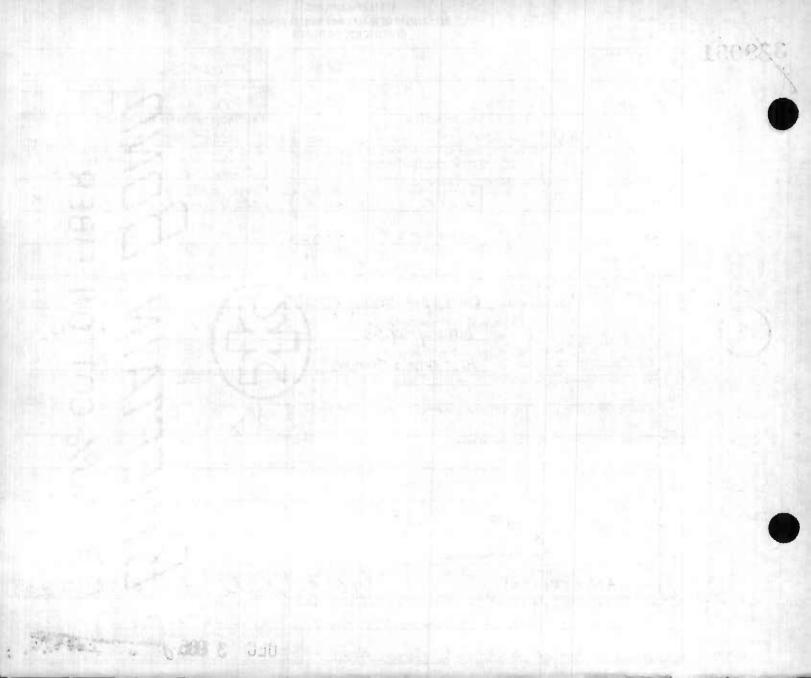
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PRILATE

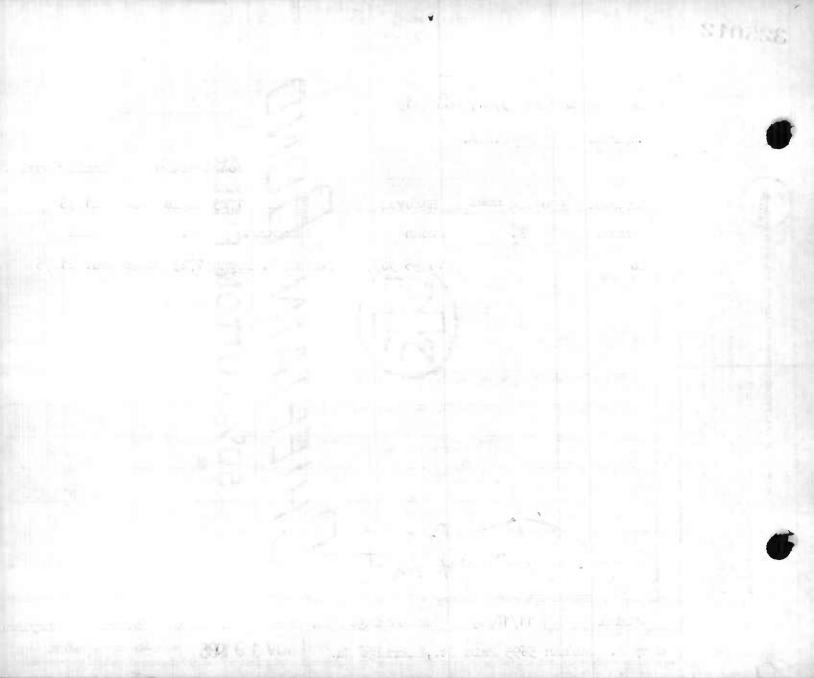
IF UNDER 24 HRS

IF UNDER 1 YEAR

2:25AM



						>		MARYLAND		44	* 3	1 7	-
	-040		FOR		D	EPARTMI	ENT OF HEALT	H AND MEN	ITAL HY	GIENE 3	5	2.	6. 3
32	5012		STATE REGISTRAR		MED	ICAL EX	KAMINER'S	CERTIFICA	ATE OF	DEATH	REG. NO.		
			CEASED NAME	FIRST		MIDDLE		LAST		2- 0-15- 41			
			E OR PRINT)			MODIL		2431		20 DATE KN	SIL	H DAY	YEAR 26 HOUR
	1 8 S S S S S S S S S S S S S S S S S S			Edward		K.		Prehn		DEATH M.	ATED 1	1 1419	85 M
	25 E S E	3. SE)	4 RA		ATE OF BIRTH	6		NDER 1 YR. IF	UNDER 24	HRS. 2c. DATE	MONT	DAY	YEAR 24 HOUR
	PLEASE DIRECTOR. R FILES. HOURS		2010	The second second	9 17	YEAR	40	THS DAYS	OURS M	IN PRONOUNCE	D		322P
1	80000 J			aucasian		66	19 YRS.			DEAD		1 1419	85 M
-	2000年度		RTHPLACE (STATE OF	76. 0	CITIZEN OF WH	AT COUNTR	8. MAR	RIED NEVE	R MARRIED	XX 9 BALTIMOR	E CITY OR COU	NTY OF DEA	TH
	DA5527	1	Maryland		U.S.A.		WIDO		DIVORCED	Baltim	ore Cit	V.	AND.
	SEN OF	Wo	TY OR TOWN OF DE	EATH III.		ITAL NURS	ING HOME, OR O			a USUAL OCCUPAT			OF BUSINESS
3	SEA SEA				IF NOT IN SUCH FAC	ILITY, GIVE STREE	ET ADDRESS)			construc	G L(FE)	OR INI	DUSTRY
-	30950		Baltimore				Hospital			construc	tion	lamil	y busin.
1 =	19901		L RESIDENCE (IF IN A	113 COLINTY	ER INSTITUTION, GIVI			13d. INSIDE CITY	LIMITES ILS	e STREET ADDRESS			
(数)	意識はる語った	130 2	Maryland		rundel	13c. CITY O	nover		NO X	1723 Map.	la Arra	2107	6
1 286	野型やイ	1	ATHER'S NAME	***************************************		1 How	TOAST		200		re was.	2101	0
1	图是第1/1	4. EZ		MID	DIE	LAS	ST	15 MOTHER'	T	WIDDI	LE.	LAST	
Mr.	A SOUTH A	V.	Herman	F		Pre	nn	Ma.	rgare	t M.		Heil	
. 0	新型の 25g 7g 4g		VAS DECEASED EVE			166 SOCIA	L SECURITY NO.	17. INFORMA	NT	1	ADDRESS		
E	開売内部で ()	1	ES. NO. OR UNKNOWN]	(IF YES, GIVE WAR O	R DATES)	216 1	56 9897	Herma	n Tr	Prehn 172	2 Manla	ATTO 2	1076
3	A DE A S		110			210	00 9091	Herma	II E .	TEITH 112	Tapie		
2	3 m 3 F D	3	18 CAUSE OF DEA	ATH (Enter anly one	couse per line f	ar (a), (b), a	ind (c).)					APPRO	NAMATE INTERVAL
PRESTON ST	2×5×××	V	PARTIDEATH	WAS CAUSED BY:	Tra	aumati	c injuri	es with	comp]	lications			
ō ;	MEGERS /		8 150	IMMEDIATE CA	DUE TO, OR			772043	O O I I I I				
10	A S S E S		Canditions, if	ony which	000 10, 011		GOEFFEE OF						
E	NAME OF THE PARTY		gove rise to		(b)								
3	248-89		cause (a) statir		DUE TO, OR A	AS A CONSE	QUENCE OF						
DIVISION OF VITAL RECORDS, 201	E Z X Z X X		lying couse los	<u>.</u> ((-)								
10	XECUTE NG" IN NG" IN AL EXU BURIAL AND M		PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTR	(C)	UT NOT BELATED	TO THE TERMINAL OVER	/					
*	mesatz mesatz	7	TAKE 2 OTHER SIGNISTER	CHI CONDITIONS CONTA	INO IN UEATH OF	DI NUI KELAIEU	TIO THE TERMINAL DISE	25 OK CONDITION 6	IVEN IN PART I	(0).			
0	ALT SEE	CERTIFICATION											
2	T - 10 - 10 - 10	3	190 DATE OF OPER	RATION	196 CONDITI	ON FOR WH	HICH OPERATION	WAS PERFORME	ED?			20 AUTO	OPSY?
₹ 9	SHOUL ORD "F CHIEF E USED	F										YES	□ NO 🕅
> 1	5 01 7 40 _	1 1	21a EXTERNAL CA	USE WAS	216. TIME OF	INJURY	210	OW INTERY O	CCLIPPED	ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR		1102
ō	AHESKS		UNDERLYING X	OR	HOUR A.M.		AY YEAR					-,	
ō	EE C C S S C	MEDICAL							n truc	ck/fixed c	bject i	mpact	
/IS	S S S S S	03	21d. INJURY OCCU		21e PLACE O	FINJURY DRY, FARM, ETC.)		CATION					
ō	STE SE	Σ	AT WORK AT	T WHILE		reet		DIMEE	od nr	Race Rd,		COUNTY	STATE STATE
	ENARES		AT WORK AT	VV ORK	34	Leet	<u> </u>		-		_nanove.	L,A.A.	U, MD.
	S H S ON H S		22a I certify tha	t I took charge of t	emains desc	ribed obave,	, held an Auto	psy 🔲, I	nspection	X. Inquiry	, ond in my	apinian	
	SELLES)	-	death resulted fra	m: Mahural cd	Contract Con	A CAN	Suicide	, Hamicid		Undetermined mann	. []		
	AE SHEET			////	1	111	77			ondetermined mann			
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ACTUAL /	// //	1501	1/10	1	TITLE (SPE			DAT	F	
	₹ 世紀 5	1	SIGNATURE	111	1040	7/	1111	MDACTING	Chie	EEDICAL EXAMIN	ER SIG	NED 11	/15/85
	NA SEE		CA THINIE DIG TOTAL			101	-						
	#3% 2		(TYPE OR PRINT)	T	homas D	. Smit	h, M.D.	ADDRESS -	111 Pe	enn St. B	Balto.MD		
	TO MEDICAL EXAMNER: THIS CRITIFICATE EXECUTE THE CERTIFICATE, WRITING THE V PAGE 4 SHOULD BE FORWARDS TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD AFTER DEATH, WHEU THE STATE DEPARTME BATTOR WARYDAND 21201 PRIOR TO	73a R	URIAL, CREMATION,				ME OF CEMETERY			23d. LOCATION			
9		(3	SPECIFY)			1000				CITY OR TOWN		YTHUC	STATE
07/84 25M	BP		burial	11	/18/85	Mea	adowridge		ark	Elkridge	Howa Howa	rd	Marylan
ZoM	DHMH - 17	24 F	UNERAL DIRECTOR		ADDRESS			250		D. BY REGISTRAR	Sh REGISTRAR	SIGNATURE	U
	(VR A15 ME (5))	(ary L. Ka	ufman 56	95 Main	St.,E	Elkridge :	Id.	10V 1	9 1985	sha Davide	on-Hand	مالك



24.04	00	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						6-	
3101	UU	1. DE	CEASED NAME FIRST	MI	DDIE	L	XS1		MONTH DAY	YEAR	2b. HOUR
moy be	400	3. SE	OF MADL	E GE	RTRU	DE P	RESTON.	6 AGE (IN YEARS LAST BIRT	// 3	F5	12 NOT M
ctor,	hours ofter		FEMALE RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	# SIA	N MONTH	- 4 1894	9 BALTIMORE CITY OF	YRS.		HOURS MIN.
€ 0	Within 72 ha	le	EST Weginia	U.S.	P .	WIDOWE		CI	7/		MD
ë ë	filed with	10 CI	ALTIMORE		OSPITAL, NURS FACILITY, GIVE STREI		ROTHER INSTITUTION	(TYPE OF WORK FOR MOST OF HOUSEWIT	WORKING LIFE)	17b. KIND O INDUSTRY	F BUSINESS OR
n i	mulist be		AL RESIDENCE (IF NURSING HOME OF TATE 136, COL	DR OTHER INSTITUTION G	IVE RESIDENCE BEFO 36. CITY OR TO Baltimo	WN Dre	13d Inside City Limits? Yes 🚰 no 🗌	3004 Eller	zıp CODE slie Av	ve. 2	21218
mali !	examine.	14. F <i>A</i>	THER'S NAME FIRST (un	MIDDLE known)	LAST		15. MOTHER'S MAIDEN NAM	ME (unknown	.)	LAS	1
19 Mar	0 ,		VAS DECEASED EVER IN U.S. A		66. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	55		
	the medico	(No	IVE WAR OR DATES)	233-42-		Albert Sturm	s 3004 Elle	rslie 1		
physic	movo went,		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per li SED BY: ATE CAUSE (o)		m or	eary edging			BETWEEN	MATE INTERVAL ONSET AND DEATH
quires that the death cer	please remove cor urial, cremation, or , or other troumati	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2: OTHER SIGNIFICANT	(b) DUE TO, OR .	AS A CONSEO	UENCE OF	NOT RELATED TO THE TERM	° INAL DISEASE OR CONT	DITION GIVEN	IN PART 100	3
he low re on. hos been	permit.	CERTIFICATION	19a DATE OF OPERATION	1%. CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	NG CAUSES	
SICIAN: Ting physicic certificate	uriol-tronsit tentol Hygie Item 18 sho		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M	. MONTH	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
G PHYSIC offending	the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O	F INJURY ET, FACTORY, OFFICE	E FARM ETC)	21f LOCATION STREET	CITY OR TO	NN	COUNTY	STATE
OR ATTENDIN he hospital or DIRECTOR: Aft	oched for use Dept. of Heo If Hem 21 is m		220.1 certify that (i) (this has saw the deceased alive a obove, (i) (we) (did) (did in 22b SIGNATURE	in 11	.7 19.	\$5_, or	d that in my (our) opinion operation of the desired operation	MEDICAL STAF	F	-	
TO HOSPITAL etoined by the			22d. PHYSICIAN'S NAME (TYPE		E1 F /		1220 ADDRESS	Conwo PKu		elo	2/2/8
	₩ 3 ≥		BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	c	OUNTY	STATE
BP			Burial	11/8/8	5 C	rest L	awn Gardens	Baltimor			ryland
DHMH - 16 :		24 FI	JNERAL DIRECTOR	7 2010	ADDRESS		25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	URE Mandelle

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.			
20. DATE OF DEATH	HTMOM	DAY	YEAR	2h HOUR
NOVEMBER	25,	198	35	8:30Pm-1
		4		

T. BECCHOLD THAT	11101					20. DATE OF DEATH	11101111		Zu HOOK
(TYPE OR PRINT)	ROSAL	IE	R.	PR	IMROSE	NOVEMBER	25,	1985	8:30PM
3. SEX	4.6	RACE		S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female		Wh:	ite	Apr	12, 1894	91	YRS	MONTHS DATS	HOURS MIN.
70. BIRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DEATH	
Wash. D.C		US	SA	WIDOW		Baltim	ore C	City	MD.
IO. CITY OR TOWN OF DE	ATH 11.				OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OR
Balto.			th FACILITY, GIVE STREET Ch Hospi			Homer Homer			n Home
USUAL RESIDENCE (IF NUR	SING HOME OF OTH		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / 7IP CO	DE	
MD			Balt		YES 🔀 NO 🗌	101 N.	Bond	St., 2	1231
14 FATHER'S NAME	MID		LAST		15. MOTHER'S MAIDEN NA				
Sidney	T.		homas,	Jr.	Cara	WIOOFE		Rogers	
160 WAS DECEASED EVER		FORCES?	166 SOCIAL SECU		17 INFORMANT	ADI	DRESS		
(YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR OATES)	215 07	4860	Harry C. F	Primrose,	Ш.	Balt	.o. MD
18 CAUSE OF DEAT	TH (Enter only o	ne couse per Y:			CIII AD ACCEP		DTCI		MATE INTERVAL ONSET AND DEATH
	IMMEDIATE C		CEREB	ROVAS	CULAR ACCID	DENT MITH	RIGH	TT HEMT	PARESIS
		DUE TO 0	D. 4.5. 4. CON 15. FOUR	ENICE OF					

18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE		CEREBROVASCULAR	ACCIDENT	WITH	RIGHT	BETWEEN ONSET AND DEATH HEMIPARESIS
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	AS A CONSEQUENCE OF CARDIOVASCULA	R DISEASE			

ATRAIAL FIBRILLATION

710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE

TIE PLACE OF INJURY

21f LOCATION

NOVEMBER KANONKMAK

STATE NOVEMBER

opinion death occurred on the date and hour and from the causes stated

CERTIFICATION

MEDICAL

8

marked or Hem

DEGREE

and that in (m

ATTENDING

DIRECTOR PHYSICIAN

11-25-85

CHURCH HOSPITAL CORPORATION BROADWAY BALTIMORE, MD. 21231

C. VERGARA SOARES M.D. 23a BURIAL, CREMATION, REMOVAL

100 N 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

FUNERAL DIRECTOR:

should be detached for with the State Dept. of

MPORTANT

Cremation 4905 York Road Balto., MD

11/27/85 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

Loudon Park 21212

Balto. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OR TOWN

DHMH - 16 60M 7/84 (VRA 15, 4)

10170

The state of the s

218 67 4HEC Harry G. Primmass, all, 3-480., NIS

when ablum 11 cts 6 invidencers eaths.,
It carry W. wan its 6 cons Co.

4. 05 Years Food Eather, Aug 21012 cours for Steads

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR			•••••			REG.	NO.		
		CEASED NAME FIRST		WIDDLE	0	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOURS
		Daniel	MED	FORD	Tri	tclett	, JR.		11	14 82	10 cm
1	3. SE	X	4 RACE		5. DATE (AGE (INYEARS LAST	BIRTHDAY)	IF UNDER I YEAR	
1		YY\ALE		BLACK	MONT	YAO H	1904	81	YRS	MONTHS DAYS	HOURS MIN.
-			b CITIZEN OF	WHAT COU	NTRY? 8	D NEVER	MADDIED [BALTIMORE CITY		Y OF DEATH	
		MARYLAND	U. S.	Α.	WIDOW		NORCED T	Gi	to		MD.
			11. NAME OF	HOSPITAL, N	JURSING HOME		TITUTION	120 USUAL OCCUPA			OF BUSINESS OR
1		But time	(IF NOT IN SU	A CILITY, GIV	E STREET ADDRESS)			LABORER	I OF WORKING		ILK CO.
		AL RESIDENCE (IF NURSING HOME OR						38 STREET ADDRES	1		
1		Maryland 136 COUN	IY	13c CITY O	more,	13d INSIDE	NO []	Rd. Balti	ZIP COL	Manylan	d 21216
-		ATHER'S NAME		Darti	more,		S MAIDEN NAM		more,	rialylai	0 21210
V		0 1 1 1	AIDDLE	Dnito			FIRST	MIDDLE	Δ1	lexandri	st
4	Ián V	Daniel M. VAS DECEASED EVER IN U.S. ARA			hett, Sr.	17 INFORM	Lydia	2470			
		YES, NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES)							en Anne	
1		No.			5-3150	IFAETA	n P. She	ppard Bal	timore	e, MO. Z	.1216
1		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse pe) BY:	r line for	(b), and ic	. 4	4				ONSET AND DEATH
1		IMMEDIATI	CAUSE (0)	100	SOLVER	TYPE	21			MIN	IVE
			DUE TO, C	R AS A CON	SEQUENCE OF	1				VIDE	~
		Conditions, if any, which gave rise to immediate	(b)_		CVF	†				year	0
1		couse (a), stating the underlying couse lost.	DUE TO, C	RASACON	SEQUENCE OF						
1		onderlying coose lost.	(c)								
ł	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTIN	IG TO DEATH BUT	NOT RELATE	D TO THE TERMIN	NAL DISEASE OR CO	NDITION G	IVEN IN PART 1	0
4	CERTIFICATION		Ton comme								
/	ICA	190 DATE OF OPERATION	196 COND	OITION FOR V	WHICH OPERATIO	N WAS PERF	DRMED	200 AUTOPSY?		ES, WERE FINDI IFYING CAUSES	
	RTIF							YES NO	_	YES 🗌	NO 🗌
X		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A		H DAY YEAR	21c HOW II	VJURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM TO	PART I OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	H .	.M.	19						
	MEDICAL	21d. INJURY OCCURRED		OF INJURY	OFFICE, FARM ETC.)	211 LOCATI		CITY OR	TOWN	COUNTY	STATE
ľ	2	WHILE NOT WHILE	(ATTIOME ST	ACET FACTORY	DIFFICE, FARM ETC.)						
Н		27s.1 certify that (I) this hospit	ottended th	ne deceased	- 15	413	1983	to Nov	14	19 85	that (li (we) lost
		sow the decented alive on above. Dewe solid your not	We who had	ofter death	1985.0	nd that in (my	(our) opinion de	oth occurred on the	date and ha	our and from the	couses stated
1	н	27h SIGNAYURE	Val	7		DEGREE			TEST	22c DATE	SIGNED
1	Н	Illeland of	Volle	un		mo	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN A	11	114/8
1	Mil	THE PHYSICIAN'S NAME OFFICE				22e ADDRE			1		7.5
	1	Kichand	Folder	nan		4941) Easter	n Ave	R	It. m	D
1	23a. B	BURIAL, CREMATION, REMOVAL	123b. DATE		23¢ NAME OF C	EMETERY OR		23d LOCATION	1701		
	(Burial	11/18	/1985			Cemetery	CITY OF TOWN	Dont	COUNTY Ma	STATE
1	24 FM	Withter & Sons Fu			Inc.	GIOVE		REC'D. BY REGISTRA	Dent		TURE
1	000	NAME TO STATE OF THE PARTY OF T	nicial	ADI	DRESS .			1/ A A	P.		TONE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

2501 Gwynns Falls Pkwy. Baltimore, Md.

343011

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 		_						_		

ND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0.			
y	I DECEASED NAME FIRST	MIDDLE	O'	AST /	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	Juanita	C K.	TI	octor		11 29	85	5:03 F	M
	3. SEX	4 RACE	5. DATE C		6. AGE IN YEARS LAST BIR		DER : YEAR	IF UNDER 24 H	
	Female	White	Aug	.21,1914	71	YRS	MS DAYS	HOURS M	IN.
,	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 AA A PRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
1	Wisconsin	USA	WIDOWE		Balti	more C	itt		MD.
~	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	ION 1	26 KIND OF	BUSINESS	
7	Baltimore	Mercy Hospit		Balto.Md.	Teacher, S		ndustry niver	sity	
6	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 136. CITY OR TOWN Balting	N	138 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 201 Warre	zip code en Ave.	2123 Balt		_
	14 FATHER'S NAME			15. MOTHER'S MAIDEN NA	<u> </u>				_
0	Wälter	B. Scot	t	Berth	a Viole	et Ma	ason LAST		
	160 WAS DECEASED EVER IN U.S. A		RITY NO.	17 INFORMANT	ADDRE	SS			
	(YES NO ORUNKNOWN) (IF YES, G	387-16-3	3275	Mr.Richard	M.Gogel,	Jr.Same	e as	above	е
	PART I. DEATH WAS CAUS	only one cause per line for (a), (b), and (ED BY: ATE CAUSE (a)	d (c),1				APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEAT	Н
- 1		DUE TO, OR AS A CONSEQUE	NCE OF					/	
	Conditions, if any, which	(b)							
	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF				-2		
		CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	N PART 110		
2	O GI bleed	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY	20b. IF YES, WE IN CERTIFYING YES			
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATIONAL	RY IN ITEM 18 PART 1	OR PART 2)		

, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

11-29

21c. HOW INJURY OCCURRED (ENTER NATIONAL PART IN ITEM 18 PART 1 OR PART 2)

NOT WHILE AT WORK 22a I certify that (1) (this hospital) attended the deceased from,

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION STREET

CITY OR TOWN COUNTY

FOR

DEGREE

19

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN

c. Ca

22c. DATE SIGNED

STATE

that (I) (we) last

19 85

BP

OWS

MEDICAL

MPORTANT: If Item 21 is morked or Item 18 sh

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Cremation

23c NAME OF CEMETERY OR CREMATORY Security Process

22e ADDRESS

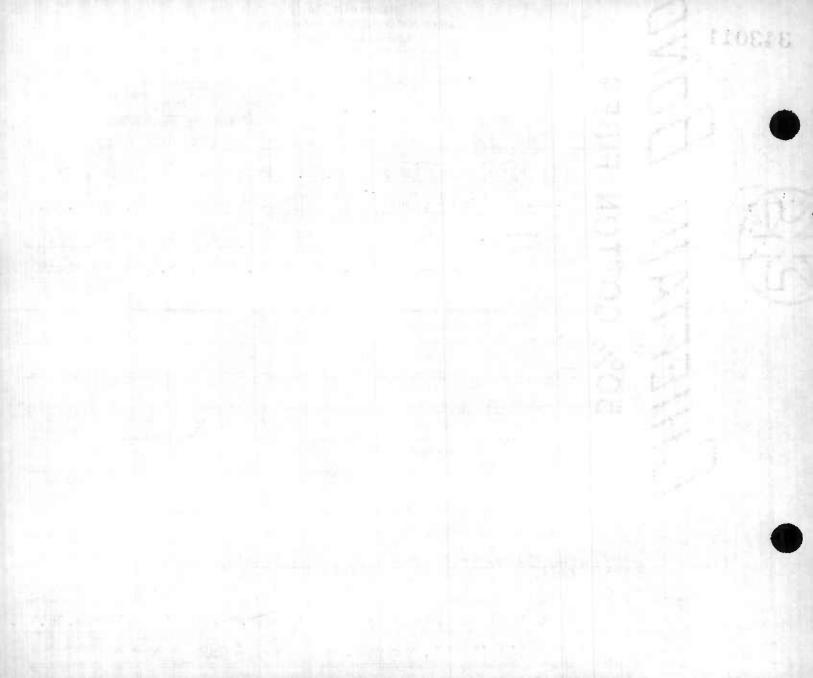
23d LOCATION atonsville, Balto. Co. Md.

24 FUNERAL DIRECTOR

BY REGISTRAR 25% REGISTRAR'S SIGNATURE 250. DATE REC'D. the Dietary - Margin Blo

DHMH - 16 60M 7/84 (VRA 15, 4)

0 0



109	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	3	1 2	3 0
2		CEASED NAME FIRST VINCEN	T S. PROUE	WZ4	20. DATE OF DEATH	MONTH DAY	YEAR 85	26. HOUR 7:35 A.
(8)	3. SE	Male	1 RACE White	5. DATE OF BIRTH MONTH DAY YEAR 3 (5 (5)	6 AGE IN YEARS LAST BIR	THDAY) IF MO	UNDER I YEAR	IF UNDER 24 HRS
10 P		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY O ALTIMO		Citv
by the filled w		altimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET South Baltim		120 USUAL OCCUPATION OF OF WORK FOR MOSTO			Aturne an Gul
filled in nould be	13a.			N	13e.STREET ADDRESS	ZIP CODE	Balt 5+	of.Md.
and 2 st	14 F	Töuis -	MIDOLE Prov	enza Rosa			Tam	buro
on. been signed by the attending physic permit. Then please remove carbon popering prior to burial, cremotion, or removal aws any injury, or other traumatic event, the	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	espiratory o	MINAL DISEASE OR CONI 200. AUTOPSY? YES NO	20b. IF YES, V	VIN PART 1:	
retained by the hospital or ottending physicia TO FUNERAL DIRECTOR. After this certificate I should be detached for use as the burial-transit with the State Dept. of Health and Mental Hygie IMPORTANT: If them 21 is marked or Item 18 sha	MEDICAL CERT	sow the deceosed olive or obove, (I) (we) (did) (did no 22b. SIGNATURE	HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F ot) view the body after death	AY YEAR 19 211 LOCATION SIREET 1/ 8 19 5	CITY OR TO	WN Open and hour of	county 65 and from the 22c DATE	that (I) we) couses stated
Bb———		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 11/13/85 G1	NAME OF CEMETERY OR CREMATORY ON Haven Mem.Pk	23d LOCATION	rnie, A	COUNTY C	o.Md.
MH - 16 60M 7/B4		Ciilly Filmens	Balto.Md.21230		INV 1 2 100E	230. REGISTRA		TORE

Manager of the second s

	1	FOR			DEBART	STATI MENT OF H		ARYLAN		IVCIEN	3 5	3 1	2 3		
240000	1-	STATE REGISTRAR				EXAMINE		ERTIFIC	CATEC	OF DEA	TH or	5. NO.			
318072		CEASED NAME	FIRST	TC	WIDDLE	UTTY		LAST			20. DATE KNOWN	нтиом 🗶	DAY YEAR	7b HOU	
PLEASE ECTOR. FILES. STREET,	3. SE	X 4.	RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY)		DER 1 YR.	IF UNDER		DEATH MATED	MONTH	-85 ₁₉		
ON S			lack		1923	62 YRS		DAYS	HOURS		DEAD		-85 19	12 ^m 2	
S HCGSSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. MITHIN 72 HOURS MITHIN 72 HOURS	7a B	OREIGN COUNTRY)	E OR	76. CITIZEN OF W	HAT COUN		MARRI	ED X	VER MARR DIVORC	ED .	Baltimoreci	ore Cit		M	
OON W. S.		Baltimo	re	3801 Ha	II. NAME OF HOSPITAL, NURSING HOME, OR OTHE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3801 Harlem Avenue			IZE USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)			OR INDUS	USINESS TRY			
MD. 21201 H. FAND 3 AND	13a S	AL RESIDENCE IF STATE Md	136. COUL	OR OTHER INSTITUTION, GI	13c CITY	OR TOWN		13d. INSIDE CI YES 🏡	NO	13e. STRE 380	et address 1 Harlem	Avenu	e 21	223	
	14. F.	David		MIDDLE LAST Putty					ER'S MAIDI IRST L 'Y	EN NAME	MIDDLE		Du++v	Putty	
MONING NORTH	16g. \	WAS DECEASED I	VER IN U.S. AF			TAL SECURITY	NO.	17. INFORA			ADDR	RESS	ructy		
SAFIR DEA GIVE PAGES TITH FORM P PAGES I AN	-	NO OR UNKNOW!	(IF YES, GIVI	E WAR OR DATES)	215-	-14-4780		Sandr	a Hal	1 380	1 Harlem	Avenu	e		
		18 CAUSE OF I PART I DEA	DEATH (Enter of H WAS CAUSE	nly ane cause per line			0.10						APPROXIMA BETWEEN ONS	TE INTERVAL	
ISTON ST., N 24 HOUR IN ITEM 18. SIT PERMIT. HYGIENE, D		99.	IMMEDIA	115 011005 (0)		disord						Tall ye			
PRES THIN CIL IN AER A AL HY REMC			if any, which										Mary		
THE WANTED WILL-TR. WENT, OR			ating the under		AS A CON	SEQUENCE OF							100	3.1	
DS, 20 XECUTE IG. IN SAL EX AND A ATION		PART 2 OTHER SIGN	FICANT CONDITIONS	(c)	BUT NOT RELA	TED TO THE TERMIN	AL DISEASE	OR CONDITION	N GIVEN IN PA	RT 1 ia					
ECORDS BE EXECUIDED AEDICAL AS A BL CREMAITH AN	NO	36									477				
SHOULD ORD "PER ORD "PER ORD "PER ORD "PER ORD A E USED A URIAL, O	FICAT	19a. DATE OF O	PERATION	196 CONDI	TION FOR	WHICH OPERA	TION W	AS PERFOR	MED?			1 -7	20 AUTOPS		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU! RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. ROED TO THE CHIEF MEDICAL EXAMINER ALONG WEST SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PET SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL CERTIFICATION	21a EXTERNAL UNDERLYING CONTRIBUTING	OR		. MONTH	DAY YEAR	21c HC	YAULAI W	OCCURRE	D LENTER N	ATURE OF INJURY IN ITE	M 18 PART 1 OR PAI	YES	NO K	
DIVISIO HIS CERTIF WRITING 1 ARDED TO AGE 3 SHO ATE DEPAR	MEDIC	21d INJURY OC WHILE	The state of the s	21e PLACE		(AT HOME.		ATION			CITY OR TOWN	col	YTAIL	STATE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURBLAT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEF BALTHWORE, MARYLAND, 21201 PRIOR/TO BURIAL, CREMATION, OR REMOVAL			that I took char	ge of the remains des	Accident	ive, held an Suici	Autops de	Hamic TITLE (S	PECIFY)	Undete	Inquiry X, ermined manner [and in my ap , DATE SIGNE	11-7-8	5	
TO MEDIC. EXECUTE TO PEUNE TO PEUNE A SHEER DEAR AFTER DEAR BALTIMOR	-	EXAMINER'S NA (TYPE OR PRINT	AME Mar	garita A.	Kore1	1,M.D.					treet				
07/84 BP	(Burial Buria	al	23b. DATE 11/11/85		udon Pa				Bal	cation prown timore	COUP		STATE Md	
25M DHMH - 17 (VR A15 ME (5))	24 F	Iliam C.	. March	F/H West	4300	Wabash	Aver	nue	NOV	12	REGISTRAR-156 F	GEGISTRAR'S'S	CATOR		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	3	La	5	Com

X		REGISTRAR		CEKIII	ICATE OF DEATH	REG. NO.			
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MO	NTH DAY	YEAR	2b HOUR
11.0	(TYPE	Robert	F.	Q1	uillen	Nov. 21.	198	35	
	3 SE		4. RACE	5. DATE O		6 AGE IN YEARS LAST BIRTHDA		NDER I YEAR	IF UNDER 24 HR
40	N	lale	White	1 0 MONTH	09° 19°55	60	MONI	IHS! DAYS	HOURS MIR
0		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.		9 BALTIMORE CITY OR C	OUNTY OF	DEATH	
3		irginia	USA	MARRIE	D NEVER MARRIED DIVORCED	Baltimor		ity	
		Raltimore	11. NAME OF HOSPITAL, NUF	REET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION	ORKING LIFE)	NDUSTRY	F BUSINESS C
-			OR OTHER INSTITUTION GIVE RESIDENCE BE				10	OHS	cructi
RF	13a. S	laryland 136 cou			13d INSIDE CITY LIMITS? YES IN NO	13 STREET ADDRESS / ZI 6331 Bosto	n St	. 212	224
amine	14 FA	THER'S NAME FIRST UNK	MIDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE		ŧ A S	ST.
ě	16- 1	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECHIDITY NO	U.N.	ADDRESS			
medic			V11 227-2	7636			Bost	on S	St. 21
, the		18 CAUSE OF DEATH Enter	only one cause per line for to had	undico e	THE STATE OF THE	-/		APPROX.	MATE INTERVAL
ven		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o)	sper	atom Fa	elur		is	in
ir other trou		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSE	OUENCE OF	Tobacco	afuse		60	PYVS
ijury, a	N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITI	ON GIVEN I	N PART 1	ō
we swo	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY? 20	Ib. IF YES, WI I CERTIFYING YES	ERE FINDING CAUSES	NGS USED OF DEATH?
n 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1	OR PART 21	
in the	MEDICAL	21d INJURY OCCURRED	P.M. 21e. PŁACE OF INJURY	19	21f LOCATION				
ope	ME	WHILE NOT WHILE I	(AT HOME, STREET FACTORY, OFFI	ICE FARM, ETC.)	STREET	CITY OF TOWN		COUNTY	STATE
nor			oital) attended the deceased fro	7/0	15 10 81	11/8	5 10	25	that (li we) le
21 15 1			n 10/14	and America	nd that i (my (our) apinion	death accurred on the date of	and hour on	d from the	
T. If Hem	1	22b. SIGNATURE	man		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4 -	The DATE	25
IMPORTAN		22d. PHYSICIAN'S NAME	A RAN	/	1200 GU	sryan St	Be	2/+	2/2
<u> </u>	23a 8	BURIAL, CREMATION, REMOVA	L 23b. DATE 2	131 NAME OF	CEMETERY OR CREMATORY	23d LOCATION	ci	uetr'	15410
		urial	11/28/85	Crowns	sville Cem.	Crownsv			PHOTON !

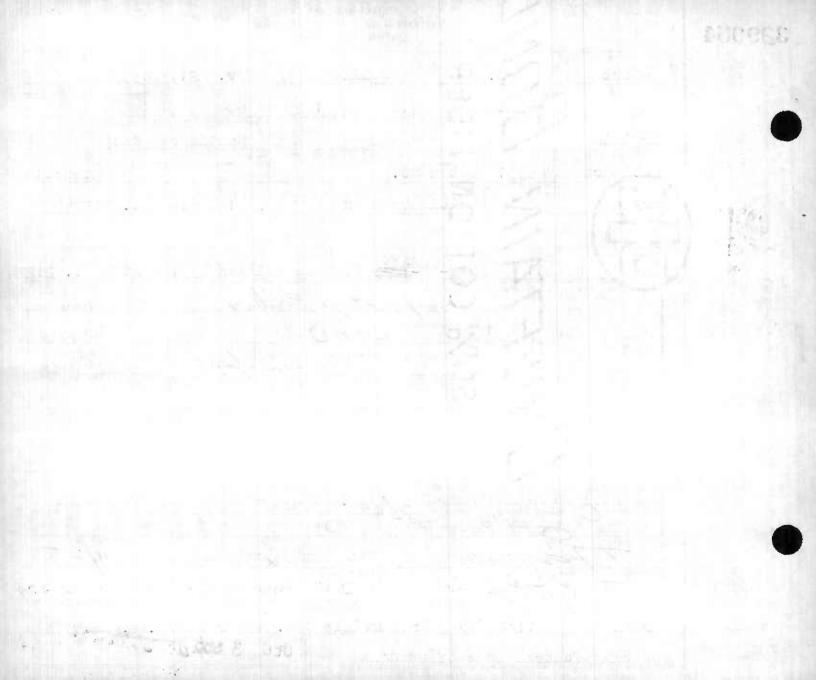
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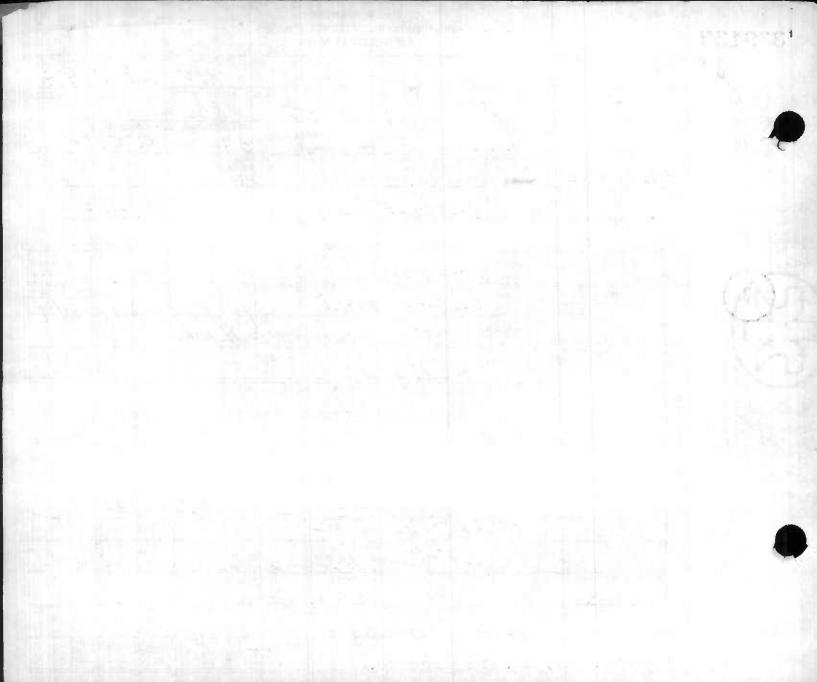
AL OR ATTENDING PHYSICIAN: The the hospital or attending physician.

24 FUNERAL DIRECTOR Connelly Funeral Home of Dundalk

DATE REC'D. BY REGISTRAR 251 RECISTION AND ANALYSIS



1 10	I DEC	CEASED NAME FIRST	MIDDLE	LA	si .	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOU
No.		OR PRINT)		Oui		MITE.	30th Pr 9
	3. SE)	Madel.	ine Anna	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
	J. JL/	F.	w.	MONTH	DAY 1905	2º0 YR	MONTHS DAYS HOURS
-7		RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	NTRY? 8 MARRIED	□ NEVER MARRIED □	9. BALTIMORE CITY OR COUN	
		Maruland	U.S.A.	WIDOWE		BALTIMO	Rt Cily
Jed	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N 240 POT IN SUCH FACILITY, GIVE	URSING HOME OF	ROTHER INSTITUTION	17a USUAL OCCUPATION	G LIFE) INDUSTRY
29	15	ALTIMORE	1400 Pelham	Ave. 212	13	Housewife	
つじ	130 S	AL RESIDENCE (IF NURSING HOME) TATE 13b CC		R TOWN	134 INSIDE LITY LIMITS?	13e STREET ADDRESS / ZIP CO	ODE
20		D.	BALT	TIMORE	YES NO	2400 Pelham A	ve. 21213
mine	14. FA	THER'S NAME	MIDDLE I AS	51	15. MOTHER'S MAIDEN NA	AME	ŁAS1
ex C		ohn	Fehr		Mary	E.	Winter
1		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS	21863
11		no	214-	01-525	Joseph Fehr	er 110 W. Feder	al St. Snow H
		IMMEL	DIATE CAUSE (D)				
cma		Conditions if now which	DUE TO, OR AS A CONS	SEQUENCE OF	andiec a	Ley Henric	Ce con.
ather traumat		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(6)		antiec a	Aly Henric	year.
any injury, ar ather traumat	CATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS	G TO DEATH BUT I	NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION 20a AUTOPSY?	YES, WERE FINDINGS USED
ans and inlary.	TIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO OR AS A CONTRIBUTION OF CONDITION FOR W	G TO DEATH BUT I	NOT RELATED TO THE TER/	VINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO	YES, WERE FINDINGS USED THEYING CAUSES OF DEAT YES NO
18 shaws any injury, ar	CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO OR AS A CONSTITUTION FOR WAR THE OF INJURY	G TO DEATH BUT I	NOT RELATED TO THE TER/	WINAL DISEASE OR CONDITION 200 AUTOPSY? 200 IF	YES, WERE FINDINGS USED THEYING CAUSES OF DEAT YES NO
Item 18 shaws any injury, ar		gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DUE TO OR AS CONTRIBUTION 19b. CONDITION FOR W. 10b. TIME OF INJURY HOUR A.M. MONTH	G TO DEATH BUT I	NOT RELATED TO THE TERM I WAS PERFORMED 21c. HOW INJURY OCCUM	VINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO	YES, WERE FINDINGS USED THEYING CAUSES OF DEAT YES NO
Item 18 shaws any injury, ar		gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM. 21d. INJURY OCCURRED	DUE TO OR AS CONTRIBUTION 19b. CONDITION FOR W 10b. TIME OF INJURY HOUR A.M. MONTH	G TO DEATH BUT II WHICH OPERATION H DAY YEAR 19	NOT RELATED TO THE TER/	VINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO	YES, WERE FINDINGS USED THEYING CAUSES OF DEAT YES NO
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Item 10 shows ony injury, or		gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (JE EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE ALWORK ALWORK 22a.1 certify that (1) (1) (1)	19b. CONDITIONS CONTRIBUTING 19b. CONDITION FOR W. 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY CONTRIBUTION) PAGE 11 HOME STREET, FACTORY CONTRIBUTION OF THE PROPERTY OF THE PR	G TO DEATH BUT II WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c HOW INJURY OCCUM 211 LOCATION 5/74/9	200 AUTOPSY? 200 IF YES NO NO RED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USER RTIFYING CAUSES OF DEAT YES NO [18 PART 1 OR PART 2) COUNTY S COUNTY S Hot III (A
Item 18 shaws any injury, ar		gove rise to immediate cause (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOTIFY THAT (I) (\$\frac{1}{2}\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\frac{1}{2}\$\$\fra	19b. CONDITIONS CONTRIBUTING 19b. CONDITION FOR W. 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY CONTRIBUTION) PAGE 11 HOME STREET, FACTORY CONTRIBUTION OF THE PROPERTY OF THE PR	G TO DEATH BUT II WHICH OPERATION H DAY YEAR 19 DEFICE, FARM, ETC.) From (1777)	NOT RELATED TO THE TERMINATE OF T	VINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO NOE RRED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USER RTIFYING CAUSES OF DEAT YES NO [18 PART 1 OR PART 2) COUNTY S COUNTY S that 1 (a
If Hem 21 is marked or Item 18 shaws any injury, ar		gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE ATWORK NOT WHILE ATWORK NOT WHILE ALWORK NOT WHILE Sow the deceased alive saw the deceased alive	DUE TO DR AS COL	G TO DEATH BUT II WHICH OPERATION H DAY YEAR 19 DEFICE, FARM, ETC.) From (1777)	NOT RELATED TO THE TERM WAS PERFORMED 71c HOW INJURY OCCUIT 711 LOCATION STREE 4 that in (my) (page) opinion EGREE ATTENDING	200 AUTOPSY? 200 IF YES NO NO RED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USER RTIFYING CAUSES OF DEAT YES NO [18 PART 1 OR PART 2) COUNTY S COUNTY S that 10 (a
ANT: If them 21 is marked or them 18 shows any injury, ar		gove rise to immediate cause (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOTIFY THAT (I) (\$\frac{1}{2}\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\$\frac{1}{2}\$\frac{1}{2}\$\$\fra	DUE TO OR AS CONTRIBUTION 19b. CONDITION FOR W 10 BATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OF THE PLACE OF TOTAL OF THE PLACE OF TH	G TO DEATH BUT II WHICH OPERATION H DAY YEAR 19 DEFICE, FARM, ETC.) From (1777)	NOT RELATED TO THE TERM WAS PERFORMED 71c HOW INJURY OCCUIT 711 LOCATION STREE 4 that in (my) (page) opinion EGREE ATTENDING	200 AUTOPSY? 20b IF IN CEI YES NO CITY OR TOWN CITY OR TOWN death accurred on the date and	YES, WERE FINDINGS USER RTIFYING CAUSES OF DEAT YES NO [18 PART 1 OR PART 2) COUNTY S COUNTY S that 1 (a) hour and from the couses ste
ANT: If them 21 is marked or them 18 shows any injury, ar		gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (JE EITHER, NOTIFY MEDICAL EXAM. 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM. 27a. 1 certify that (1) (thus he saw the deceased alive obove, (j) (we) (did) (did) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (IV)	DUE TO OR AS ONTRIBUTING 19b. CONDITIONS CONTRIBUTING 19b. CONDITION FOR W. 21b. TIME OF INJURY HOUR A.M. MONTH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY CONTRIBUTION) 21e PLACE OF INJURY (AT HOME STREET, FACTORY CONT	G TO DEATH BUT II WHICH OPERATION H DAY YEAR 19 DEFICE, FARM, ETC.) From (1777)	211 LOCATION 211 LOCATION 211 LOCATION 3777 3 that in (my) (page) opinion EGREE ATTENDING 72e ADDRESS	TO AUTOPSY? 200 AUTOPSY? YES NO NO NOTE RRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN depth occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	YES, WERE FINDINGS USER RTIFYING CAUSES OF DEAT YES NO [18 PART 1 OR PART 2) COUNTY S COUNTY S that It (a) hour and from the causes sta
If Hem 21 is marked or Item 18 shows any injury, ar	MEDICAL	gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (JE EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AUGUST 27a. I certify that (1) (this, he saw the deceased alive obove, (1) (we) (did) (did) 27b. SIGNATURE	DUE TO OR AS ONTRIBUTING 19b. CONDITION FOR W. 21b. TIME OF INJURY HOUR A.M. MONTH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY CONTRIBUTION) 21e PLACE OF INJURY (AT HOME STREET) 21e PLACE OF INJU	GTO DEATH BUT II WHICH OPERATION H DAY YEAR 19 DEFICE, FARM, ETC.) From The Company of the	NOT RELATED TO THE TERM WAS PERFORMED 71c HOW INJURY OCCUIT 711 LOCATION STREET 4 that in (my) (page) Opinion EGREE ATTENDING PHYSICIAN	TO AUTOPSY? 200 AUTOPSY? YES NO NO NOTE RRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN depth occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	YES, WERE FINDINGS USER RTIFYING CAUSES OF DEAT YES NO [18 PART 1 OR PART 2) COUNTY S COUNTY S that It (a) hour and from the causes sta

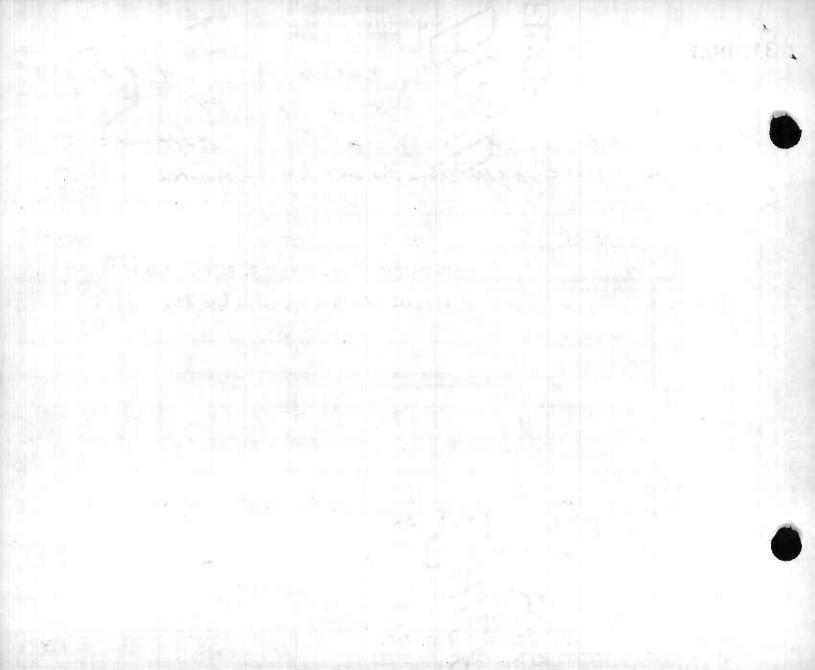


171	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 5	3	La C	5
_		CEASED NAME FIRST	MIDDLE	0	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b H	10UR
dead		LEON	G.	KA	GIN		19 23	85 6	PM
	3 SE	nale	Black	S. DATE O		6. AGE (IN YEARS LAST BIRT	MONTH YRS		RS MIN
1 1		OUNTRY)	76 CITIZEN OF WHAT COUN	ITRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		EATH	
1/		S.C.	U.S.A.	WIDOW	ED DIVORCED	BALTIMO			MD.
9 37	15	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE MERCY HOSI	STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O METAL WI	F WORKING LIFE) IN	B. KIND OF BUS IDUSTRY DAMKO A	ARLIN
3 3	USU.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		4		AMINU F	AKLIN
E)	M	ARYLAND 136 COUN		IMORE	13d INSIDE CITY LIMITS?		TIP CODE	ET 212	202
and 2 st		THER'S NAME ARROL	PRADE		DAISY	ME		JENKIN	NS
edical		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	ss C	CICRLE	
medical	((IF YES, GIVE	219-	28-331	5 SANDRA	MCPHERSON		LAKEBE	
the .		18 CAUSE OF DEATH (Enter on					I	APPROXIMATE IN	
prior to buriol, cremo	CERTIFICATION	gove rise to immediate couse los, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	196 CONDITION FOR W	G TO DEATH BUT	ON WAS PERFORMED	NINAL DISEASE OR CONI	20b. IF YES, WEF	RE FINDINGS U	ISED
Swo	TIF	11/4/85	Sacral	devs bi.	hs	YES NO	YES 🗌		
Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	Y IN ITEM 18 PART I C	RPART 2)	
rked or Ite	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		21f LOCATION STREET	CITY OR TO	WN C	OUNTY	STATE
n 21 is mo		220.1 certify that (1) (this haspit sow the deceased alive on above, (1) (we)) (did) (did not	11/23/85	. 19 0	nd that in (my lour) opinion	death occurred on the do	te and hour and		we lost s stoted
ore Dep		22b. SIGNATURE WO			ATTENDING PHYSICIAN	MEDICAL STAR	F _/	11/23	185
with the State I		22d. PHYSICHAIS NAME (IYPE OF ROCKER)	0 7		Mey Hoph	1 20 St p.	and place		
, , 5		URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OF CREMATORY	234 LOCATION CITY OR TOWN ANNE A	DIMPE	NTY MA A	RŸĽAN
		BURIAL JNERAL DIRECTOR	11-30-85	CEDAR	HILL IZSO DAT	E REC'D. BY REGISTRAR	RUNDEL		AILAN
60M 7/B4		W.C. MARCH F/H	INC. 1100	E. NC	RTH AVENOV		La Varde		2

2.4 /hu ARUM"

TITLE

240000	1.	FOR STATE REGISTRAR	DI	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE B. S	3 1	235
. 319063		CEASED NAME FIRST	WIDDLE		AST 2 11-)	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
nay be poge 3		ORPRINT) RASE	MIRI		AKSIN		11 8 4	85 5735 M
ge 4 ma ector, po	3 SE	emale	AXXXX CAU	S. DATE O		6 AGE LIN YEARS LAST BII	THOAY) IF UNDE	DAYS HOURS MIN.
or nerol din		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COL	MARRIE WIDOWE	D NEVER MARRIED DIVORCED		-	CITY MD.
rs ofter d by the fu filed with	1	Altimore	evindate Her	DEW GER	Afric Gartar	12a USUAL OCCUPAT	OF WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY HOME
with 24 hours of the filed in by 2 should be file in by a should be file in by 2 should be file in by 2 should be file in by 3 should be 5 should be file in by 3 should be file in by 3 should be file in by 3 should be 5 should be	13a. S	AL RESIDENCE (IF NURSING HOME OR OI STATE 136 COUNT MARY LAND	THER INSTITUTION, GIVE RESIDEN Y 13¢ CITY C BAL	CE BEFORE ADMISSION) OR TOWN TO.	13d. INSIDE CITY LIMITS?		/ ZIP CODE STAFF MAN	(21215) IOR CT.,APT.F
	14. F#	THER'S NAME FIRST MILL ISRAEL	DDLE L	KRAMER	15. MOTHER'S MAIDEN PRINTERS BESS	IE MIDDLE		SILVER
ificate be recurred physicion and completes one completes one recurred propers. Pages one result, the medical exa		VAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	S2-6542	17 INFORMANT	G J. RAKSIN	21208 8503 STEV	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert attending physician. Os the buriol-transit permit. Then please remove corbon the and Memtal Hygiene prior to buriol, cremotion, or ret orked or item 18 shows any injury, or other traumatic ex-	ION	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c) NOTITIONS CONTRIBUTE	NSEQUENCE OF	NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN IN S	PART flo
VITAL RECOI	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING C YES	E FINDINGS USED CAUSES OF DEATH?
ON OF VITA		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	TH DAY YEAR		URRED (ENTER NATURE OF INJU	RY IN ITEM IB PART I OR	PART ?)
DIVISION ING PHY r offer this os the bu Ith and M orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY)	OFFICE, FARM, ETC.)	211 LOCATION STREET	onairo	2 000	UNIT STATE
TTENDI Spital or STTOR: A for use of Heal		220.1 certify that (I (thin hospital saw the deceases above as above (II) was (did) ded not		1905	nd that in (my) (our) apinio	on death occurred an the d	ate and hour and to	that (I (we) lost on the causes started
O HOSPITAL OR A Petained by the hospital DIRECTO FUNERAL DIRECTO House described with the State Dept.		226. SIGNATU 22d. PHYSICIAN'S NAME (1985 OR		1	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA		11/9/85
TO FUN should b with the		5 (evens	00	LEVI	NDALE		,
BP		BURIAL	23b. DATE 11/10/85	BALTO	EMETERY OR CREMATOR . HEBREW CEM	BALTI		MARYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)		JNERAL DIRECTOR SOL LEV 010 REISTERSTOWN			250. C	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATURE A-Pandel



Kaufman 5695 Main St., Elkridge, Md. 21227

BALTIMORE

DIVISION OF VIT

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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				STATE OF MARYLAND	8 5 3 !	6.0
339113	1	FOR STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1237
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ge 4 mg) ecties, po	3 SE	male	4 RACE	S. DATE OF BIRTH DA YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 6 7 YRS.	IF UNDER 1 YEAR IF UNDER 24 HMS
of an and the second of the se	70 BI	RTHPLACE (STATE OR FOREIGN COUNTRY) CHAROLEN CO	76 CITIZEN OF WHAT COUNT	MARRIED DI NEVER MARRIED WIDOWED DIVORCED	KAHOMOKE (no.
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an and co	160 V	VAS DECEASED EVER IN U.S. ARI YES NO ORUNKNOWN) [IF YES, GIVI	MED FORCES? 166 SOCIALS E WAR OR DATES) 243-2	7 1	y 922 Wildwood F	
g physicia conpopers. removol.		PART I. DEATH WAS CAUSE	ly one couse per lyne for (a), (b) D BY. E CAUSE (a)	in respiratory a	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TSIN The Ither the the ond ced o	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFF		CITY OR TOWN	COUNTY STATE
TTENE Spital CTOR. for us of He		22a. certify that (1) (bis haspi saw, the deceased alive an abovic (1) we (did) (did no	11/2:	9_85_, and that in (my (four) pinio	on death accurred on the date and hou	19, that (I (we) hast a and from the causes stated
		27 SIGNATURE SOLWOW	do	DEGREE ATTENDING PHYSICIAN		11/30/85
TO HOSPITAL etained by the TO FUNERAL should be detted with the State		W. V. Edw P	rds		rus Hospital	
RP RP		BURIAL, CREMATION, REMOVAL (SPECIFY) RUPIA	12/6/85	1 awson Chapel Ch. C	CITY OR TOWN	C. STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR C. March F/H West

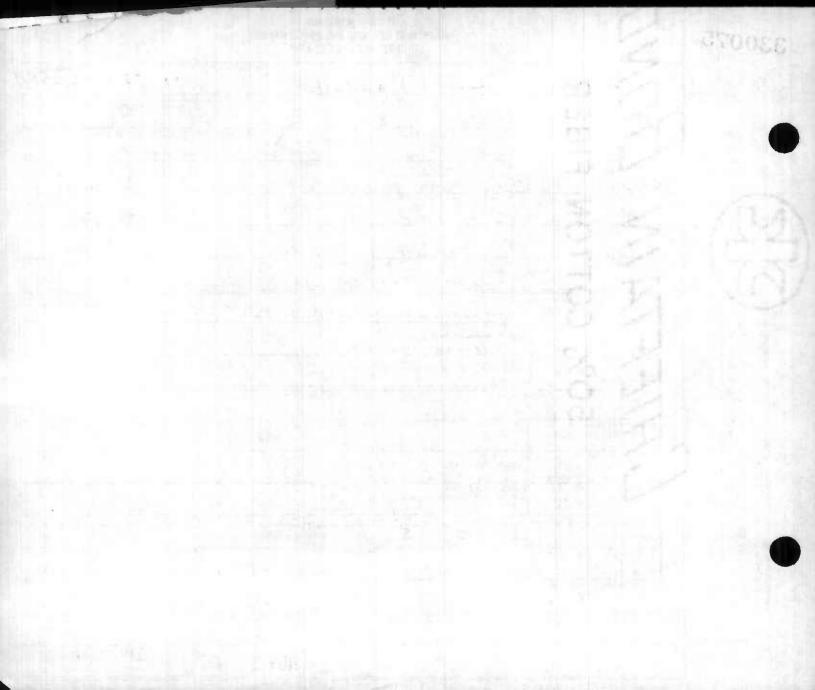
4300 Wabash Avenue

DEC 3 1985

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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e & ±	1		OR PRINT)	1	0	1 / /	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 6:25	AM
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(20) EE	m		Eddi	MIDDLE RAST	1011	FIRST .	MIDDLE	Hason	
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1 11	e l	-	II CAUSE OF DEATH (Enter or	ily ane cause per line for (a), (b)	ondisii	THE FINAL IC	unicial / 6	APPROXIMATE INTERVAL	
1 41			PART I. DEATH WAS CAUSE	DBY.	are cal	lealota 10.	20 CHT	BETWEEN ONSET AND DEA	TH
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9 14 9	2	IFICATION	THE LETTER OF						
of the	9	ICAI	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
10 234	0 /	CERTIF					YES NO	YES NO	
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DIS THE	17	ICAI	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19				
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END olo	2		220 1 certify that (I) (this haspi saw the deceased alive an	1/1 11 4	dan.	1985	to	1905 that (I (well	ight .
The Party	E .		above, (1) (we) (did) (did no	t) view the body ofter death.	0	*	eath accurred an the do	ate and havr ond fram the causes staff	
	2		226 SIGNATURE	V 1	70	DEGREE ATTENDING	MEDICAL STAF	221 DATE SIGNED	
PITAL Dy 1 ERAL Center	2		The second secon	Me Mi	V.	PHYSICIAN [DIRECTOR PHYSIC	IAN [1/20/83	
OSP ed to UNE d be	X 1		234 PHYSICIAN'S NAME INVITED	177		22e ADDRESS	110	D. M.	-
TO HOSPI retoined L TO FUNE should be with the St	MPORIA		100	KEED		10112, 4	7815,51	PH018/10 215	20
		23a B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE	
BP	-	04.5	Burial	11/23/85	Arbutus	Memorial Park		Md	
DHMH - 16 60M	7/84	24 FL	NERAL DIRECTOR 11iam C. March	ADDRES	5	Avanua 256. DATE NOV	22 1985	25b, REGISTRAR'S SIGNATURE	
(VRA 15, 4)	10	WI	Illam C. March	F/H West 4300	Wahash	Avenue INUV	44 500		1.0



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 331002 I. DECEASED NAME 7h HOUR (TYPE OR PRINT) 23 85 DEATH MATED WITITIM RAU THOMAS 4 RACE AGE (IN YEARS IF UNDER 1 YR. 2d HOUR DATE OF BIRTH IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) 10;07 85 38 DEAD White 29 46 Male 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR TELETIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY U.S.A. WIDOWED [DIVORCED Maryland Baltimore City 12a USUAL OCCUPATION (TYPE OF WORK B. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17b KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY A&P Food Night Manager Baltimore University Hospital USUAL RESIDENCE (IF IN NURS HIP HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13a STATE COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Carroll 3384 Janet Court 21102 Maryland Manchester NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William J. Rau **Emma** Beck 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? YES. NO. OR UNKNOWN 3384 Janet Court 21102 212-36-6469 Carol Rau APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY A BURIAL - TKA, ... A AND MENTAL HYGIENE, H AND OR REMOVAL. IMMEDIATE CAUSE (g) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL YES 🔽 NO [DRWARDED TO THE CH R: PAGE 3 SHOULD BE U E STATE DEPARTMENT O P), 21201 PRIOR TO BUR 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH Driver of auto/auto collision. 7 PXXX 11-23-19 85 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) COUNTY MD road Morgan Run Bridge Carroll PAGE 4 SHOULD BE FORW.

TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA 22a. I certify that I took charge of the remains described above, held an and in my apinion Accident X Undetermined manner death resulted fram: Natural causes Suicide Hamicide TITLE (SPECIFY) ACTUAL DATE 11-24-85 M.D. Assistant MEDICAL EXAMINER SIGNATURE 111 Penn st., Balto., MD Ann M. Dixon, M.D. EXAMINER'S MAME TYPE OR PRINT 23g BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 11/27/85 Crestlawn Gar. of Mem. Marriottsville Howard Md. Burial 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** 5 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5))

STATE OF MARYLAND





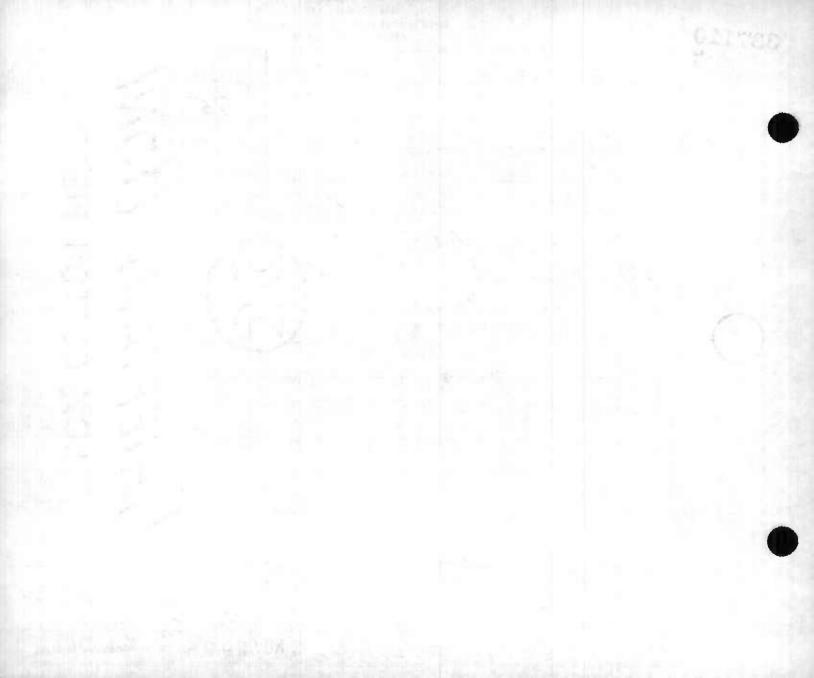


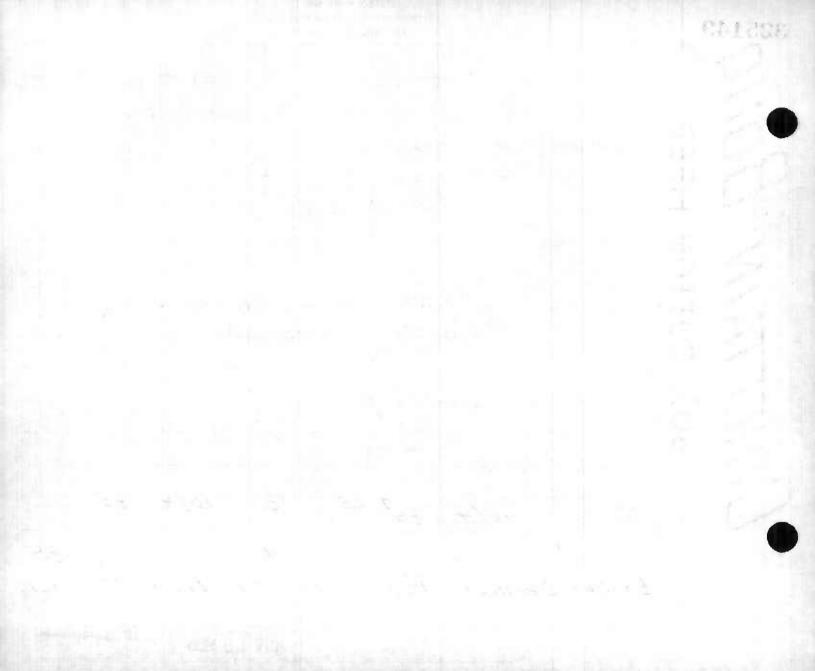
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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110	1 -	FOR STATE REGISTRAR	DEPARTM	EENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	31241
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rs after d	3. SE>	F	1 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
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of the state of th	IE. CI	PAUT	(IF NOT IN SUCH FACILITY, GIVE STREET	CHOME OR OTHER INSTITUTION LODRESS) LUNGHAM	(TYPE OF WORK FOR MOST OF WORKIN	
most be	USU A 13a. S	IL RESIDENCE (IF NURSING HOME OR TATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 13(, CITY OR TOW		13e.STREET ADDRESS / ZIP CO	21213 dolle 57.
Comine CO	4. P.A	George	MUIT	15 MOTHER'S MAIDEN NA PIRST HENNE?	Ha MIDDLE C	olburn
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ows only juli	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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srked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F.	ARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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II. H II.		22b. SIGNATURE	huc Om	MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/25/m
IMPORTAN		22d PHYSICIAN SINAME (TYPE O	RPR J	22e ADDRESS 184	U MATRICE	ecm drive
≥ 1	23a. B	URIAL EREMATION, REVIOVAL	1236. DATE 123c. N	ame of cometery or crematory	Bay to -	STATE
7/84	24 FL	NERAL DIRECTOR NAM VIN B. S	BCRU665	1412 4 250 N	DV 2 9 1985	SISTRAR'S SIGNATURE





DHMH - 16 60M 7/84 (VRA 15, 4)

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office out freshed was by J. C. with the

S	TATE	OF	MARYLAND

142	<i>y</i> -	FOR STATE REGISTRAR			DEPARTN	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYC FICATE OF DEATH	GIENE REG. N	5 1	312	44
A		CEASED NAME FIRST	T	MIDDL	E		LAST	2a. DATE OF DEATH	MONIH	DAY YEAR	2h HOUR
1	(1111)		ONLY	N	W.	RE	GESTER	November	74. 7	1985	2:30 AM
	3. SE	(4. R	RACE	17/11	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST 8		IF UNDER 1 YEAR	R IF UNDER 24 HRS
		Male		Whit	e	MONT	t. 25 1902	83	YRS	MONTHS DATS	HOURS MIN.
é		RTHPLACE (STATE OR FOREIG	N 7b 0	CITIZEN OF WHA		0	DE NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
107h		nnsylvania		USA		WIDOW		Baltin	ore Ci	i +17	AAD
D		TY OR TOWN OF DEATH	11.	NAME OF HOSE		G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA	ION	19k KINID	OF BUSINESS OR
00	B	altimore	3:	216 Wist	eria Av	ADDRESS) Zenue		Saleman	OF WORKING LIF	R:	ice Bakery
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au lu	I4 FA	THER'S NAME	MIDD	DIE	LAST		15. MOTHER'S MAIDEN NA	WE		U	AST
00		Clifford		Re	gester		Rose			vden	
	160 V	AS DECEASED EVER IN U.		O FORCES? 16b	SOCIAL SECUI	RITY NO.	17 INFORMANT	ADD	ESS		
/		NO OR UNKNOWN) (IF)			3-03-57	789	Mrs. Ivy Rege	ester sam	e as #	13	
nc event, the		18 CAUSE OF DEATH (En PART I. DEATH WAS C IMM		AUSE (a)	THEINOR	2.4	OF THE PRO	STATE		8ETWEEN	STATE INTERVAL NONSET AND DEATH
other troumatic		Conditions, if any, whi gave rise to immedia cause (a), stating t underlying cause la	te he	DUE TO, OR AS	Ancinon	nn c	OF THE BLA	Over		7	GEANS
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± /	MEDICAL	21d INJURY OCCURRED	S/MITHER)	21e PLACE OF IN			211 LOCATION				
a X	M	WHILE NOT WHILE TAT WORK		(AT HOME STREET, F	ACTORY OFFICE FA	ARM, ETC.)	STREET	CITY OR T	DWN	COUNTY	STATE
Ē		22a I certify that (I) (this	hospital)	attended they de	ceased from_	1.49	USF 19 78	to NOVER	MAGA	19 8.5	, that (I) (wa) last
7		saw the deceased all abave, (1) (we) (did) (c	ve on _ /	0/29/65	19		nd that in (my) (sour) opinion	death accurred on the	date and hav	and from the	e causes stated
te a	-	22b. SIGNATURE	100	City diver	Gedin		DEGREE			22c DAT	E SIGNED
T. #		Centhrus (de	wand o	susti.		ATTENDING PHYSICIAN F	MEDICAL STA	CIAN	77/	14/85
Z T		224. PHYSICIAN'S NAME	TYPE OR PRI	INT)	-2000		22e ADDRESS				14/07
MPORTANT		Anthony A.	Lewa	andowski	, M.D.	300	7402 York	Road			Idea .
≥		URIAL, CREMATION, REMO	OVAL 2	3b. DATE	23c N	IAME OF	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	,	Burial	1	11-16-85	P	arkwo	ood	Balti	more	COUNTY	Md.
	24 FL	INERAL DIRECTOR			1 -5 - 1 -5		250 PA	E REC'D. BY REGISTRA	256 REGIST	RAR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

eonard J. Ruck, Inc. 5305 Harford Road 2121

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-04 Promitical Loowing of California August

a softer death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely little in the little and the class should be detached for use as the buriol-transit permit. Then please remove corbonopopoge, Pages 7 and 2 thould be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. WPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner marker and the contraction of t within 24 hours ofter DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPA

ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. 1	NO.	3121	4:
TACT	TA DATE OF DEATH		017 7510	Ter

.5	1	STATE REGISTRAR	0.17		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	31:	245
X		CEASED NAME FIRST OR PRINT)	WIDDLE	Reid	AST	20 DATE OF DEATH A		YEAR 26. HOL
	3. SE	Κ	4 RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTH		DATS HOURS
	- DI	Female RTHPLACE (STATE OR FOREIGN	White The CITIZEN OF WHAT COUNT		-1901 YEAR	84 9. BALTIMORE CITY OR	YRS	ATH
35		Md.	U.S.A.	MARRIEI		Balto. C	City	AIR
190	10 CI	Balto.	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVEST Edgewood Nur	rsing home of treet address) sing Hol	me	128 USUAL OCCUPATIO LIVPE OF WORK FOR MOST OF Ret. Clerk	WORKING LIEE) 126 H	KIND OF BUSINI USTRY Ths.
84	130. S	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE B NTY Balt	TOWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / 5710 Maple	ZIP CODE HIII Rd	. 2123
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medical	- 0	VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	-2742A	Robert Davis	, Same as 13		
c even				orased	la Dusca	2.8	1	APPROXIMATE INTE
ther traumat		Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE					
ows ony injury, or ather traumati	IIFICATION	gave rise to immediate cause (a), stating the underlying couse last.	(b)	OUENCE OF		20a AUTOPSY?	20b. IF YES, WERE IN CERTIFY ING C. YES	FINDINGS USE AUSES OF DEA
18 shows	CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216. TIME OF INJURY HOUR A.M. MONTH	OUENCE OF		200 AUTOPSY? YES NO	206. IF YES, WERE IN CERTIFYING C. YES []	FINDINGS USE AUSES OF DEA NO [
shows	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE OF DE	(b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT HICH OPERATION DAY YEAR	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C. YES IN ITEM 18 PART 1 OR P	FINDINGS USE AUSES OF DEA NO [
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If Item 21 is morked or Item 18 shows		gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIEY MEDICAL EXAMINE THE WORK NOT WHILE AT WORK A	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c PLACE OF INJURY (AT HOME STREET, FACTORY OFF	DAY YEAR 19 FICE, FARM, E1C)	216. HOW INJURY OCCURR 211. LOCATION STREET 19 d that in (my) (aur) apinion of CEGREE ATTENDING PHYSICIAN 22e ADDRESS	206 AUTOPSY? YES NO CITY OR TOW CITY OR TOW ACTION MEDICAL STAFF DIRECTOR PHYSICIA	20b. IF YES, WERE IN CERTIFYING C. YES IN ITEM 18 PART 1 OR P N COU 200. 210. 220.	FINDINGS USE AUSES OF DEA NO [PART 2]
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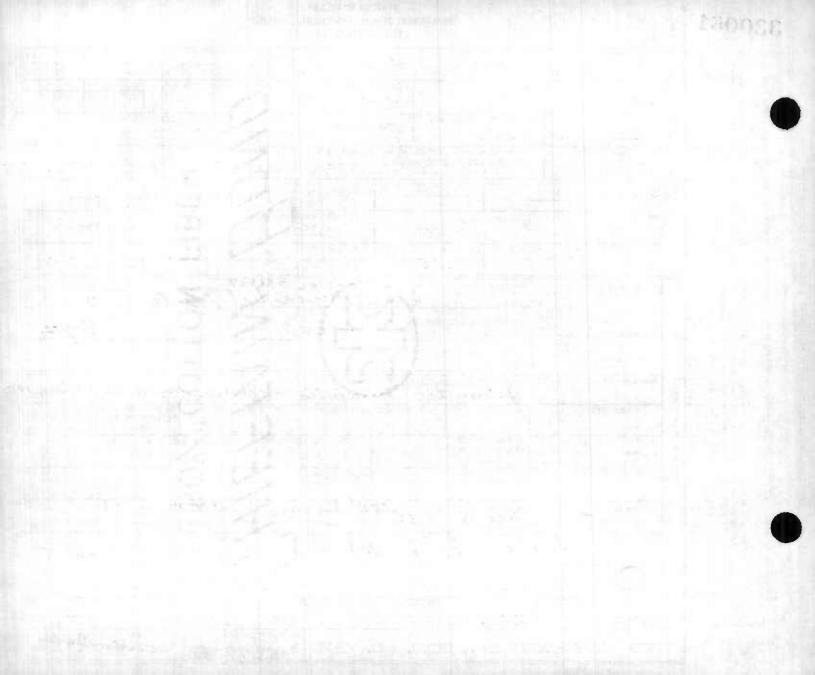
WAKTER BROOKS BRADLEY INC., BALTO., MD.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



A MA 20		REGISTRAR				CEKTIF	ICATE OF DEATH	REG. NO.	2	1 de	*
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STATE OF MARYLAND

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22d PHYSICIAN'S MAME

230. BURIAL, CREMATION, REMOVAL

Cremation

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

1985

Nov 8

Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

126 KIND OF BUSINESS OR

21202 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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21202

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STAFF

ATTENDING

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23c. NAME OF CEMETERY OR CREMATORY

Westview Memorial

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Page Page	To Bi	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER M	ARRIED 🗍	9 BALTIMORE CITY	R COUNTY C	F DEATH	
1 2 2	WE.S	ST VIRGINIA	USA	WIDOWE	D DIV	ORCED [BALTIMORE			
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beer prior	CERTIFICATION	190 DATE OF OPERATION	CONDITION FOR WHICH	OPERATIO	N W PERFOR	MED	200 AUTOPSY?	206 IF YES,	WERE FINDING	GS USED
an. hos hos ows	TIFE	10/31/85	Coronary as	tery	disease	4	YES NO	YES		NO P
SICIAN: This of physicial physicial certificate hard-tronsit ental Hygie teem 18 sho	1	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. MONTH D.		21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	T I OR PART 2)	
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the the dand and ced o	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, F	ARM, ETC)	STREET		CITY OR TO)WN	COUNTY	STATE
or o or o or o or o or o or o or o or o			pital) attended the deceased from_	10/	30	10 85	10 11/1	19	85 1	hot (I) (we)
Z o S o T E		sow the deceased alive of		85 .0	nd that in (my) (our) opinion o	leoth occurred on the o	ate and hour a		
7 5 7 5 7		22b. SIGNATURE	ot) wew the nooy offer death.		DEGREE				22c. DATE S	IGNED
R ATT hospiri IRECT(hed fo ept. af tem 21			2.0			TENDING HYSICIAN [MEDICAL STA		111	5/85
at OR ATT the hospit at DIRECTC etached to the Dept. at T: If them 21		#1	ll					IANIW		
SPITAL OR ATT I by the hospil NERAL DIRECTO be detached fo e State Dept. of IANI: If Item 21		22d. PHYSICIAN'S NAME THE	A		22e ADDRESS		- 1	TAN LIF		
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O HOSPITAL rtained by th O FUNERAL hould be dete	23a B	LEE, W.P	. ANDREW	NAME OF C	22e ADDRESS	Songe	Johns 1234 LOCATION	Hopkin	ns Hory	ridal:
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DIVISION OF VITAL RECORDS,

318157

FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.		
		CEASED NAME FIRST		MIDDLE	0 '	AST			AY YEAR	26 HOUR
	(TYPE	OR PRINTS WILLIAM	m E		K	ichind 5, Jr.		11 11	. 85	345 am
χ	3. SE	х	4 RACE	1,4475	S. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
7	/	Male	wh	le	Feb.	14,1949 YEAR	3 (YRS.	ONTHS DATS	HOURS MIN,
1	70. BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
7		aryland	U,S.A		WIDOWE	DIVORCED	Baltimore	City,		MD
/	5	Baltimore	Francis	S Scott	Key Me	dical Center	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF Salesman	F WORKING LIFE	INDUSTRY	F BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOW OR OF TATE 13 COUNTY) Tyland Balti	OTHER INSTITUTION ITY NOTE	130 CITY OR PIKES	TOWN TOWN	13d. INSIDE CITY LIMITS? YES NO TO	1803 Snow	ZIP CODE Mead c	w Lane	21209
36		THER'S NAME William E.	MIDDLE	Richar	rds,Sr.	15. MOTHER'S MAIDEN NAM	M. MIDDLE	I	artrid	ge
۲		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIALS	SECURITY NO.	17 INFORMANT	ADDRE	55		
1		YES, NO (IF YES, GIVE	E WAR OR DATES!	215-54	-2219	Mrs. Connie 1	4. Richards	Same	as #	13e
	3	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per	line for (a), (b), and (c.)	Λ .			APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
ì			E CAUSE (a)	(cr	dionim	man, Angt			MI	n Utes
			DUE TO, O	RASACONS	EQUENCE OF	105				14.0
		Conditions, if any, which	(b)	MOL	tiple (VA-			mon	rns
	1	couse (a), stating the underlying cause last	DUE TO, O	R AS A CONSI	EOUENCE OF					
			(c)	ON IT DID LITTLE CO	TO DE LEUR DUE					
	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CC	JAIKIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMS	NAL DISEASE OR CON	DITION GIVE	N IN PART TIE	1
1	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
7	TE						YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
7	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME O		DAW MEAN	21c. HOW INJURY OCCURRE		Y IN ITEM IB PA	RT I OR PART 2)	
1	AL	OR CONTRIBUTING CAUSE OF DEA		M. MONTH M.	DAY YEAR	Section 1				
	MEDICAL	216. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	WN	COUNTY	STATE
	Σ	AT WORK NOT WHILE AT WORK	(AT HOME STA	REEL PACIONY, OF	FICE, FARM, ETC.)	STREET	CIII OII 10			31414
		22a. I certify that (1) This hospit	14/1	10	7	22 , 19 95	_, ta	-11,1	9.85	that (I) we yast
		saw the deceased alive on abave, (I) (we) did (did not	view the bady	alter death.	19 <u>65</u> , ar	nd that in (my (our) pinion d	eath accurred on the do	ite and haur	and from the	auses stated
		22b. SIGNATURE	401)		DEGREE ATTENDING	MEDICAL STAF	e 1 -	22c. DATE	SIGNED
		Mulling	Youle	eun	1	PHYSICIAN [DIRECTOR PHYSIC		11/	11/3
	12.0	220 PHYSICIAN'S NAME (TYPEO)	7 11	1100		CELCIAN IIGIIA	C-1 1		3.11	40
		Michard		nan			Eastem A	re K	alt. 11	7
	23a B	SURIAL, CREMATION, REMOVAL SPECIAL COMMENTS	236. DATE		Westvi	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	imono	COLINITY	and State
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> 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc.

Baltimore, Md.

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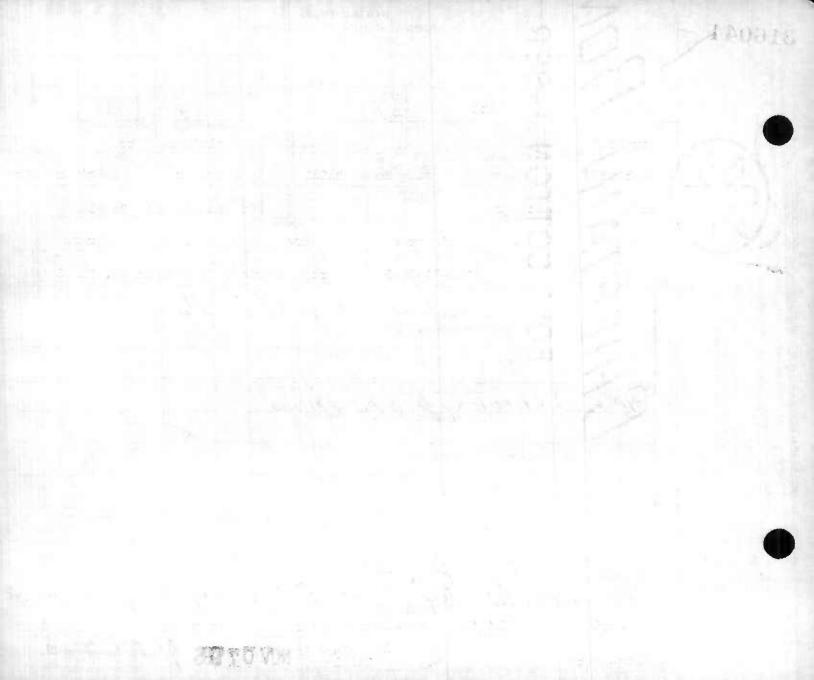
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oth Fage 11 fourt a	19	Maryland	+FFEEGN	Whit.		MARRIEI	17 12	9 BALTIMO	74 YR RECITY OR COUR Itimore (NTY OF DEATH	
4 2 9	10	Baltimore	EATH	11. NAME OF	HOSPITAL, NU	WIDOWE URSING HOME OF UTREET ADDRESS) Sing Hom	R OTHER INSTITUTION	120 USUAL	OCCUPATION	126 KIND	O OF BUSINESS OR
133	35	Sual RESIDENCE OF NO Maryland	136 COUN		IVE RESIDENCE B	BEFORE ADMISSION) TOWN	13d INSIDE CITY LIMITS	130 STREET . 86 Pa	ADDRESS / ZIP CO donia Roa	ODE	
	20	James		B.		nardson	15 MOTHER'S MAIDEN FIRST Mary	NAME	MIDDLE E.	Ambr	iasi Cose
The second of Property of Prop	2	WAS DECEASED EVE (YES, NO OR UNKNOWN)		WED FORCES? E WAR OR DATES)	219-12	SECURITY NO. 2-9993	Robert Ric	hardson	ADDRESS 86 Padon:		21093
Now requires that the despite the state of the arts on the state of th	7	Conditions, if or gove rise to in cause (a), sto underlying cau PART 2 OTHER SI	mmediote ting the se last. GNIFICANT C	onditions co	ony s	TO DEATH BUT	NOT RELATED TO THE TE	200 AUTO	DPSY? ZOB. IF	YES, WERE FINI RTIFYING CAUS	DINGS USED ES OF DEATH?
HYSICLAN THA ding physicia in certificate bursal tensor i Americal Hygie	F	210. ACCIDENT WAS UNDER THE	CAUSE OF DEA	P. 21e PLACE	M. MONTH M. OF INJURY	DAY YEAR	21c HOW INJURY OCC	YESCURRED (ENTER N.	TURE OF INJURY IN ITEM	YES 18 PART I OR PART 2	NO
OR ATTENDING P by the heading or other than DRECTOR, after it deflocted for use in the one Dept. of Health are to the Dept. of Health are		220.1 certify that	()(this hospit			am	d that in (m) (our) opini DEGREE ATTENDING PHYSICIAN	G MEDICAL	// /5	. 19 85	that (1) we) lost
TO HOSPITA reformed by TO FUNER with the Sto WARDSTAN	4	A I C	A. A.	23b. DATE	Foley	23c. NAME OF C	201 EU	n/VP/5	ty Oke	my Boli	Vo Ada 12k
BP		Buria	1	11/8	/85	Woodlaw	n Cemetery		altimore	COUNTY	Maryland
DHMH - 16 60M 7/	'B4	FUNERAL DIRECTOR	t-71 =	0	ADDRI	E55 3818	Roland Av	DATE REC'D. BY	EGISTRAR 75 PES	SISTRAR'S SIGN	Mandall



DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 319134 REG. NO 1. DECEASED NAME 20 DATE KNOWN MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Robert VD 3 TO THE FUNERAL DIRECTOR.
STAIN PAGE 5 FOR YOUR FILES.
ULID BE FILED, WITHIN 72 HOURS
CORDS, 201 W. PRES. IN STREET, Richardson 1985 Rev. C, 4. RACE AGE (IN YEARS 2d HOUR 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 4:17P DEAD 185 Male White Mar. 19, 1929 56 YRS Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Michigan WIDOWED DIVORCED Baltimore City, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Baltimore Good Samaritan Hospital Lutheran Clergy USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 113b. COUNTY Baltimore Maruland YES T NO [] 4215 Loch Raven Blvd. 21218 14. FATHER'S NAME S AFTER DEAIN.
GIVE PAGES 1, 2
ITH FORM PM 3 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Howard Richardson Wilda Seppala James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 371-24-5678 Mrs. Norma C. Richardson same as # 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease PRESTON DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICATION Carcinoma of Prostate 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, NO X OR: PAGE 3 SHOULD BE HE STATE DEPARTMENT 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK THE CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE.
PAGE 4 SHOULD BE FORW.
TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STYR
BALTIMORE, MARYLAND, 21 Inquiry X 22a. I certify that I taok charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Notural couses Hamicide Undetermined manner Suicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 11/8/85 SIGNATURE. EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS_ 111 Penn St. Balto.MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Dulaney Valley Cem. | 250. DATE REC'D. BY REGISTRAR | 250 REGISTRAR'S SIGNATURE Baltimore Burial 11/11/85 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** Leonard J. Ruck, Inc. 5305 Harford Road 21214 - How tower - My production (VR A15 ME (5))

STATE OF MARYLAND

(VRA 15, 4)

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DI DI		RECESTRAR		CENTII	ICATE OF DEATH	REG. N	0.		
N		CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
6977		ROBER		RICHM		NOVEME			12:55 pm
	1.5E		RACE	S DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	HOURS MIN.
		male	black	MONTH 8	3 1902	83	YRS		
47	7a. B	COUNTRY)	b CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY C			
7_/		0.0.	USA	WIDOWE		BALTIMOR		_	MD.
2=		ALTIMORE	I. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY GIVE VA MEDICA	STREET ADDRESS)	ER BALTIMOR	IZE USUAL OCCUPAT LIYPE OF WORK FOR MOST OF E LINEMO	F WORKING LIFE		OF BUSINESS OR
100	USU 13a	RESIDENCE (IF NURSING HOME OR C		BEFORE ADMISSION)		13e.STREET ADDRESS	3		
55		Md	Balti		YES X NO	4004 Bare		ad 212	15
	14 FA	ATHER'S NAME	IIDDLE LAS	1	15 MOTHER'S MAIDEN NAM	AE MIDDLE		LA	
00	G		H. Richm	iond	Mattie	Mode		Hal	
8/		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	SECURITY NO.	17 INFORMANT	ADDRI	SS		
100		Yes	24518	- 7008	Rev. Robert R	Richmond 40	04 Bar	eva Ro	ad
		18 CAUSE OF DEATH (Enter only		bi, and iciti		10	. 1	APPROX BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUSED	CAUSE (0) Canals	me a	west - de	idden wear	tto	3	Juni
ž.			DUE TO, OR AS A CONS	EQUENCE OF	. 0 <				
00		Conditions, if ony, which	(16) Cour	depte	scultor ples	12-		yn	1
1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	POLIENCE OF				0	1
0		underlying couse last	Sepa					10	then
		PART 2. OTHER SIGNIFICANT CO			NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
200	ě								
1	CA	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED
-	擅	11-14	Johnson	4 (4) 1	00	YES NO	YES		NO 🗆
00	8	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
7	153	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			Annua.		
6 /	MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY	FFICE FARM FTC 1	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	*	NOT WHILE							
96		220.1 certify that 20) (this haspite			30 19.85				that (X(we) last
		saw the deceased alive an	Nov. 25	.19 <u>85</u> , or	d that in (ng) (our) opinion d	death occurred on the d	ote and hour	ond from the	couses stated
		775. SIGNATURE	1	THE EAST	DEGREE			22c. DATE	SIGNED
		VY (1000	unn		ATTENDING PHYSICIAN	MEDICAL STA		11/	23/65
1	1	22d. PHYSICIAN'S NAME ITYPE OR	PRINT)		22e ADDRESS		7		
V V		M. CO	DO ELIN	D	3900 Loch	Raven Blv	d Ra	ltimr	hM e
3	23a B	BURIAL, CREMATION, REMOVAL	73b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	<u> </u>		
		Burial	11/30/85	Church (Cemetery	Charlotte		COUNTY	N.C.
1.7.0	The same of	UNERAL DIRECTOR				REC'D. BY REGISTRAR	25b. REGISTR	RAR'S SIGNAT	TLIDE
M 7/84 4)	l.	lilliam (March	F/H Wast 130		Avenue	UV 27 1985	1 this	have dean	The salestich

William C. March F/H West 4300 Wabash Avenue

FOR

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

17b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MIN

NO [

, that (1) (we) last

STATE

21216

IF UNDER 1 YEAR

INDUSTRY

YES

COUNTY

Hampton Co.

DAYS



322140

STATE OF MARYLAND

	1	STATE		DEPARTA		EALIH AND I		IENE			
7	/	REGISTRAR			CERTIF	ICATE OF D	EAIM	REG. NO	D		
K		CEASED NAME FIRST	-	MIDDLE	L.	AST		20 DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
		Robert			F.	deon	+		11	8 85	11:57 AM
1	1. 5E)		4 RACE		5 DATE C			6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEA	
	1	V.L	12/0	K	MONTH	20	1904	81		MONTHS DAYS	HOURS MIN.
0	2T 88	RTHPLACE ISTATEDATOREO	7h. CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY O	YRS.	Y OF DEATH	
Ź.		COLLECTRO)			A	NEVER A					
	Maryland U.S.A. w			WIDOWE	breast.	ORCED	BALTIMORE CITY M 1126 USUAL OCCUPATION 1226 KIND OF BUSINESS OF				
7			(IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS)					126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UNITED			YUNTUN
1	-	ALTIMORE		HOSPITAL				CHAUEFFEUR		TRI	JST BANK
		AL RESIDENCE (IF NURSING HOME OF		13c CITY OR TOW		134 INSIDE C	ITY LIMITS?	13e.STREET ADDRESS	ZIP COD	8 DUNE	BAR AVENU
2	M/	ARYLAND		BALTIMOR	Ε	YES	NOV	BALTIMORE.	MARY	LAND :	21228
	14. FA	THER'S NAME	WIDDLE	LAST			MAIDEN NA	ME			AST
	1	WILLIAM	T.	RIDEO	UT SR		ILL IAN	wilde			วักห
7		VAS DECEASED EVER IN U.S. AR		16b SOCIAL SECU		17 INFORMA		8 APPIN	SPAR	AVENUE	AUK
6	(YES, NO OR UNKNOWN) (IF YES GIT		VE WAR OR DATES)	212-03-7	4550	MILDRE	D B B	IDEOUT BALT			21228
		18 CAUSE OF DEATH (Enter or	alu esa sausa aas			LITEDIL	0_0.1	IDEUUT DALT			DXIMATE INTERVAL N ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY.	C C	u ic	7				REIWEE	NONSET AND DEATH
IMMEDIATE CAUSE (0) Conclude Conces											
	DUE TO, OR AS A CONSEQUENCE OF										
		Canditians, if any, which									
	-	cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
		underlying cause last. (c) G.I bleed									
	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART	la
	CERTIFICATION										
3	2	1% DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION			N WAS PERFORMED		20a AUTOPSY? 20b. IF YES, WERE I			FINDINGS USED AUSES OF DEATH?
7	E						YES NO	6	ES	NO [
4	1 8	210. ACCIDENT WAS UNDERLYING	216. TIME O			21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
1	¥	OR CONTRIBUTING CAUSE OF DE	A I I	M. MONTH DA	19						
	MEDICAL	THE INJURY OCCURRED	21e PLACE		17	21f LOCATIO	N				
	*	WHILE NOT WHILE	(AT HOME STE	REET FACTORY OFFICE, E	ARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
		276.1 certify that III Ifbankasa	4-12-44-4-4-4-4	- 4 1 5	,	1- 1	10 85	11-9	2	10 500	
		saw the deceased alive an	1.1	8 19 S	7.0		, 17	death accurred an the do	te and have	u and from th	, that (I) (we) ast
	-	abave, (I) (did) (did m					aprilian i	dediri decorred dir file de	ne ana nat		
		7% SIGNATURE	12/11			DEGREE	TTENDING	MEDICAL STAF	F -	22c. DAI	E SIGNED
		large	dela	- MD		1	PHYSICIAN [DIRECTOR PHYSIC		11-	8-81
		22d PHYSICIAN'S MAME (TYPE OR PRINT) 22e ADDRESS									
	LARRY EDELSTEIN MD				3002 D. Calvert Belt. MD						
	22- 0	PUBLAL CREMATION REMOVAL	Tool DATE	122. 1	LAME OF C	FALCTEDY OD (051111	1221 LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

WESTERN STAR CEMETERY

21216

BALTIMORE

STATE

BURIAL 11/12/85 WESTERN 11/12/85 WESTERN 24 NOT THE GOVERNMENT OF THE BURIAL HOME, LINC. 2501 GWYNNS FALLS PKWY. BALTO. MD. BURIAL

TERY BALTIMORE COUNTY
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

014838 The state of the s

DHMH - 16 60M 7/84 (VRA 15, 4)

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

11/12/85

230 BURIAL, CREMATION, REMOVAL 1236, DATE

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

23d LOCATION

CITY OR TOWN

Baltimore

23c NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Maryland

The second secon

30 32 1/1 1/2

njury, or other troumotic event, th

morked or Item 18 shows

IMPORTANT: If Hem 21 is

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	0.			
	CEASED NAME	FIRST	N	NIDDLE	l	AST			DAY YEAR	26 HOUR	
(TYPE OR PRINT)			X HAZI	EL S	. RIDE	ER		11-1	8-198	5 1:35PI	
3 SE	х	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
F	EMALE		CAUC.			/ 16 AY 23 YEAR	62	YRS.	MONTHS DAYS	HOURS MIN.	
70. BI	IRTHPLACE (STATE C		76 CITIZEN OF WHAT COUNTRY? 8			NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
	ENN.		USA WIDOW				BALTIMORE		MD.		
O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN					OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR		
BALTIMORE (IF NOT IN SUCH FACILITY, GIVE STREET ALL CHURCH HOSPITAL						or WORKING LIFE	i) INDUSTRI				
130. 3	AL RESIDENCE (IF NO	13b COUNTY		13c. CITY OR	TOWN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS				
MARYLAND				BALTIN	MORE	YES NO		TIMORE	ST. 2	1224	
14. FATHER'S NAME PIRST ROBERT MIDDLE SPARKS				RKS	IS MOTHER'S MAIDEN NAME FIRST MIDDLE			LONG			
WAS DESTACED EVED IN U.S. ADMED FORCESS THE SOCIAL SECURITY NO.				SECURITY NO.	17 INFORMANT	ADDR	ESS		21224		
NOS NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 409-28-6872			-6872	MRS. LINDA C	AMPBELL 330	3 E. E	BALTIMO				
	Conditions, if or gove rise to it couse (a), sto underlying cou	mmediote ting the	(b)		SEQUENCE OF			E			
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
MEDICAL CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OP			HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FIND! YING CAUSES			
CAL CER	210. ACCIDENT WAS LONG CONTRIBUTING	CAUSE OF DEATH	216 TIME OF HOUR A.A	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IB P	ART I OR PART 2)		
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)		FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN		COUNTY	STATE	
	sow the deceased alive on 11-18 19 85, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
	27d. PHYSICIAN'S NAME (TYPE OR PROVIT)				DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF IAN 🗸	11/	18/85		
						270 ADDRESS CHURCH HOSPITAL CORP.					
	A. P.	NAZEMT	M. I)		100 M PRONDWAY DATED MARKETAND 21223					

23c NAME OF CEMETERY OR CREMATORY

GREENMONT CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION 24 FUNERAL DIRECTOR

MARYLAND

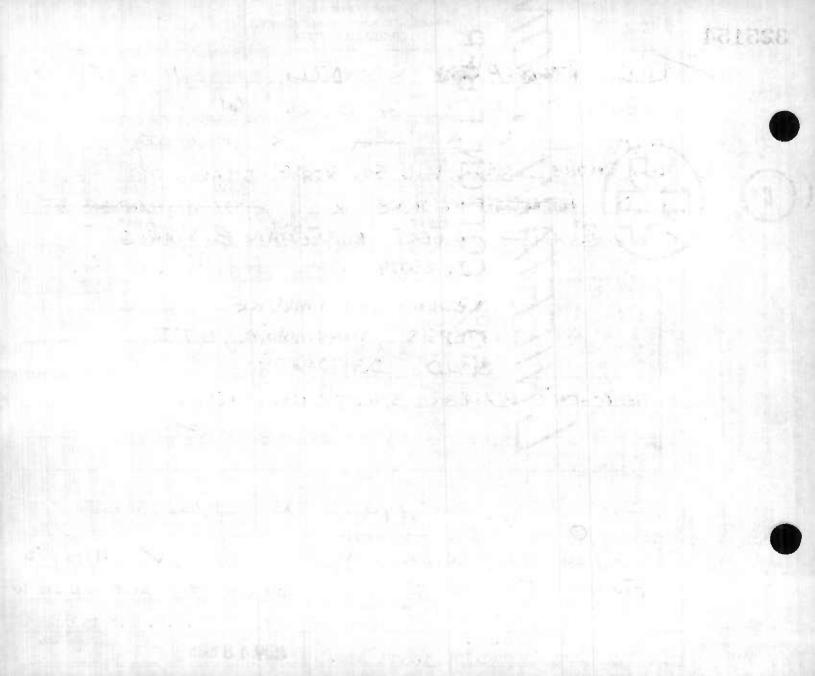
FUNERAL HOME 2525 FLEET ST. 21224

11/21/85

23b. DATE

NOV 1.9 1985





1	-	FOR STATE
*		REGISTRAR

STATE OF MARYLAND DEDADTMENT OF HEALTH AND MENTAL HYCIENS

DEI	CERTIFICATE OF DEATH	OILNE		
	CERTIFICATE OF DEATH	REG. NO.		
E	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	ROBERTS	November 27,	185	2:050
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	MONTH DAY YEAR		MONTHS DAYS	HOURS MIN

1		REGISTRAR				CENTIL	ICAIL OI	PEMILI		REG. N	0.		
		CEASED NAME	FIRST		MIDDLE	ı	AST		20. DATE C	F DEATH	MONTH	DAY YEAR	2b. HOUR
	{ I TPE	OR PRINT)	WREN	CE		RO	BERTS		Nove	ember	27.	185	2:05pm
	3. SEX	<		4 RACE	5764131	5. DATE C			6 AGE (IN	YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	
ή		male		black	HOLD WIT	MONTH 9	25	1944		41	YRS	MONTHS DAYS	HOURS MIN.
J		RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER	ALABBIED T	9 BALTIM	ORE CITY C	OR COUNT	Y OF DEATH	
ń		Md	100	USA		WIDOWE	/ \	NORCED T	BAT	TIMO	RE C	TTV	MD
	10 CT	TY OR TOWN OF DEA	тн		HOSPITAL, NURSIN	G HOME C			120 USUAL	OCCUPAT	ION	12b KIND	OF BUSINESS OR
S	BA	ALTIMORE			EDICAL C		R BAL	CIMORE		ink for most on the policy of		LIFE) INDUSTRY	
d	USU A 13a. S	AL RESIDENCE (IF NURSI	NG HOME OR		GIVE RESIDENCE BEFORE		1 13d. INSIDE (ITY LIMITS?	13e STREET	ADDRESS	/ ZIP COI	DF 2	1217
9		Md	0		Baltimon		YES X	NO 🗌		pplet			1217
	14. FA	THER'S NAME					15 MOTHER	S MAIDEN NA			311	1000	
)		Wesley		MIDDLE	Washingto	on	Franc	rirst Ces		WIDDLE		Washi	naton
		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORM			ADDR	ESS		
	(4	Yes	(IF YES, GIVE	WAR OR DATES)	219 38	4545	Jenni	fer Robe	erts 5	724 J	onqui	1 Avenue	
Н		18 CAUSE OF DEATH	Enter on	y one couse pe	r line for (a), (b), and	licio						BETWEEN	XIMATE INTERVAL
ч		PART I. DEATH WA	AS CAUSEI	BY:	Acute P	neum	nonia						
H			MANEDIA										
		Conditions if any	. delick		R AS A CONSEQUE							8 10	
Н		Conditions, if ony, gave rise to imm		(b)_	Heart F	allu	re						
		underlying cause	g the last.		R AS A CONSEQUE							10.13	
					Mental								
	z	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED	O TO THE TERM	INAL DISEA	SE OR CON	IDITION G	IVEN IN PART 1	to
	CERTIFICATION	19a DATE OF OPERAT	ION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUT	OPSY?	20b. IF Y	ES, WERE FIND	INGS USED
P	문										IN CERT	IFYING CAUSE	S OF DEATH?
	E			A11 TO 15 C	ne hallany		Tas Howe		YES	NO		ES 🗌	NO 🗌
?		210. ACCIDENT WAS UND	AUSE OF DEA	IN .	M. MONTH DA		ZIC. HOW IF	NJURY OCCURE	ED (ENTERN	ATURE OF INJU	JRY IN ITEM 18	PART 1 OR PART 21	
	MEDICAL	(IF EITHER NOTIFY MEDIC			.M. OF INJURY	19	211 LOCATI	ON					
	MEC	WHILE NOT WHI	HE []		REET, FACTORY, OFFICE, FA	ARM. ETC)	STREE			CITY OR TO	NWO	COUNTY	STATE
		220 1 certify that the		al) attended th	e deceased from 1	T	4	19 85	to	Non	27	10 05	, that xt xwe) lost
		saw the decease obove, (IXwe) (d					nd that in teny					our and from the	
		226. SIGNATURE	1 1	7 1/	/		DEGREE					22c. DATE	E GIGNED!
			1. (1/4/	CAL			PHYSICIAN [MEDICAL DIRECTOR	STA		1 //	29/85
		224 PHYSICIAN'S NA	ME (TYPE OF	PRINT)		14.00	22e ADDRES	SS			^		
		K.J.0'K	Keefe	M.D			3900	Loch	Rave	n B	lvd.	Balti	more Md
_													

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE Cremation 11/30/85

23c. NAME OF CEMETERY OR CREMATORY Westview Memorial

23d LOCATION CITY OR TOWN Catonsville

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY STATE

24 FUNERAL DIRECTOR William C. March F/H West 4300 Wabash Avenue



and were thought the transfer

330144	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	1201
7		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	20 1100K
by be		Theo	pulis	ROBERTS	11 2	0 85 9 AA
ma)	3. SE		4. RACE	5. DATE OF BIRTH		FUNDER TYEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
ge 4 ector		Male	Black	MONTH DAY YEAR	74 YRS.	ONINS DATS HOURS MIN.
leath. Parmeral dir	7	RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balt more City	
by the fu		alternore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		120 USUAL OCCUPATION (LIPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
filled in hauld be f	130	TATE UNITED IN COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 139 CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP CODE 4110 flow 624	ow Rol 21221
and this		THER'S NAME FIRST POWER B RE	MIDDLE LAST	15 MOTHER'S MAIDEN NA	BALLARD	LAST
r ord co			MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 218-03-		HERY 41.0 Flows	enrowed
人的外	9	PART I. DEATH WAS CAUSE	nly ane cause per line for 101, (b), and D BY. TE CAUSE (a) Cardi	o pulmonary) ar	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death is attendinave control		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF Pamereatic	Caremana	0x.10/29/85
that the d by the ease remail, crema		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		
requires en signe or to bur	NOIL			DEATH BUT NOT RELATED TO THE TERM		
The law in ician. The has been ssit permit gene prio	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
g physic g physic ertificat ital-trans antal Hyg		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT (OR PART 2)
of PHYS offer this of the bury hand Me	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
STENDIN Spital ar STOR: Af for use of Healti		saw the deceased alive an	tol) attended the deceased fram	, 19 and that in (my) (aur) apinion		9, that (1) (we) lost ond from the couses stated
the hos at DIRECtetoched onto Dept.		22b. SIGNATURE	as, the	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT) Huhammed Al Ibrahum

23b. DATE

230. BURIAL, CREMATION, REMOVAL

Bunia

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION
CREW SEVILLE 198

STATE

DHMH - 16 60M 7/84

IMPORTANT: If Item 21 is

should be detached far use as the burial-transit permit. Then please remave car with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL

BP.

MAD VOTERANA 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE nor. 21

(VRA 15, 4)

Carry parents the well a first of the first of

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REG. NO 26 HOUR DECEASED NAME LAST 20 DATE OF DEATH Challet Cod Relay (1) Thomas Gordon Roberts A PACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Apr. 25 DAY Male White 1907 BALTIMORE CITY OR COUNTY OF DEATH BRITHPLACE INVALUE TORKON 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City, Maryland USA WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT INSUCHFACILITY, GIVE STREET ADDRESS)
Union Memorial Hospital TYPE OF WORK FOR MOST OF WORKING LIFE Baltimore Grocer Food JSUAL RESIDENCE OF HURSING H A CITHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1312 Westellen Rd., 21204 Maryland Baltimore Towson FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Sachs Charles Roberts Bertha Mr. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 213-28-8270 Betty A. Appell, 12 Roman Knoll Ct., 21030 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse to stating the underlying couse lost DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to THE DATE OF OPERATION 9b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [21st ACCEPAT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR CR CONTRIBUTING TO CAUSE OF DEATH OF EITHER PICTURY MEDICAL EXAMINENT THE INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY citti de rown COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC) SIDEET THE D HOLINES C 77s.1 certify that (I) (this hospital) symmed the deceased from

Burial

22e ADDRESS

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death accurred on the date and have and fram the causes stated

22c. PATE SIGNED

Dr. Timothy Murray 23s. BURIAL CREMATION, REMOVAL 73b. DATE

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

Union Memorial Hospital

DHMH - 16 60M 7/B4 (VRA 15, 4)

11/15/85 N. FUNERAL BRELIE E. Lowell Lemmon, 10 W. Padonia Rd.

Cedar Hill Cemetery Brooklyn Park AA

Total Palitiness Total as a more consultation of the contract The state of the s

A control		REGISTRAR				CERTIF	ICATE OF I	DEATH		REG. NO.		
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deot			Ida			Rob	inson			11		
fter p	3 SE			4. RACE		S. DATE (YEAR	6. AGE (IN YE	ARS LAST BIRTHDAY	MONTHS DA	
ors o		female			ack	4	15	1910		75	YRS	
2 ho	7o. B	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF WHAT COUNTRY?		Y? 8 MARRIE	MARRIED NEVER MARRIED		1		OUNTY OF DEATH	
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bas 4	Baltimore			Bon Sec	HOSPITAL, NURS THEACILITY, GIVE STRE COURS HOS	pital	OR OTHER INS	TITUTION		red		D OF BUSINE RY
13	USU. 130 S	AL RESIDENCE (IF NUR	13b COUI	R OTHER INSTITUTION NTY	Baltim	ore admission) IOTE	13d INSIDE C	ITY LIMITS?	13e STREET A	oplar G	code irove Str	eet 21
	14 FA	THER'S NAME		WIOOFE	LAST		15. MOTHER	S MAIDEN NAM	ΛE	MIDDLE		LAST
5. X	Ji	m			Lane		Lula					
medicol		VAS DECEASED EVER		VE WAR OR DATES	166 SOCIAL SEC		17. INFORMA			ADDRESS		
He Ho		No	, ,		250-44-0	0146	Bertha	Edmond	1 419 P	oplar G	Grove Str	
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other of		cause (a), stati underlying cause		DUE TO, O	RAS A EONSEO	LIP PE	1 N	ofti	ties			
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ro bu	z	PART 2 OTHER SIG	NIFICANI	CONDITIONS CO	SMIKIROTING 16	O DEATH BUT	NOI RELATEL) TO THE TERM	INAL DISEASE	OR CONDINO	IN GIVEN IN PART	IIa
ws any ir	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	20a AUTO		. IF YES, WERE FIN CERTIFYING CAUS	
sho	ERT	710. ACCIDENT WAS UN	DERLYING F	7 21b. TIME O	F INJURY		1216 HOW IN	JURY OCCURR			TEM 18 PART I OR PART	
em 18 s		OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR			16			
Ment ar Ite	MEDICAL	116 INJURY OCCUR		P. PLACE		19	21f LOCATIO	ON				
nd /	MEI	WHILE INDIW			REET, FACTORY, OFFICE	E, FARM, ETC)	STREET			CITY OR TOWN	COUNTY	51
os t Ith o ark		AT WORK AT WO	ORK -			11	7	22		10-7	C 21	Approx.
Hea rs m		220.1 certify that (1		10		Aug.		1900	, to	102	190	_, that (1) (v
. of		saw the decease abave (1) (=e) (sed alive or (did) (did no	ati view the body	ofter death.	03.0	nd that in (my)	(our) opinion o	death occurred	on the date ar	nd haur and fram t	the couses sta
Sept Her		226. SIGNATURE	07	A	1 11	1)	DEGREE				22c DA	TE SIGNED
ote C		176	L	() duff	cater	W A	1H '	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		1-8-
AN		22d. PHYSICIAN'S N	AME (TYPE	OR PRINT)			22e ADDRES	50	0 0			00
with the State [H. L. B/	YKI	ALEK	-, M.O	,	851	PODE	ar y	roue	21-13	al. 11
¥ ¥	23o F	SURIAL, CREMATION	REMOVAL	23b. DATE	734	NAME OF C	EMETERY OR	CREMATORY	23d (9CA	ION		71
		Burial	,	11/12/			Hill Ce		Wagn	OR TOWN	COUNTY	S.
	_	UNERAL DIRECTOR		11/16/	00 01	Taper	1111 00				REGISTRARISIGN	
60M 7/84				- /II IIA	420 APDRESS	- h h	N = =	ZJa DAII	I A C A	10C	TO THE STATE OF TH	The state of
A 15, 4)	W1.1	liam C. M.	arch	-/H West	4300 W	abash	Avenue	MIL	V 12 1	300 N	*	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5

(1)

Rotail

E4 26 BUSE

7

BALTIMORE,

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH	REG. NO.
LAST	2n DATE OF DEATH M

REGISTRAR						REG. NO).		
I. DECEASED NAME	FIRST	MIDI	OLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(SATABITI)	Irene		Ro	ogers		November 1	1, 198	5	4:30 PM
Female	4. R/	The same of the same of	BLACK	5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BIRTI	MO	UNDER I YEAR	HOURS MIN.
7a. BIRTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN 7b. C	USA	AT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF			MC
Baltimore		(IF NOT IN SUCH FA	SPITAL, NURSIN CILITY, GIVE STREET d Genera	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Laundress	ONN	126. KIND O	F BUSINESS OR Stic
USUAL RESIDENCE (IF NUR. 13g STATE Maryland		R INSTITUTION, GIV		ADMISSION)	13d INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 1631 Westw	ZIP CODE	e., Ba	2121 lto.,
14 FATHER'S NAME FIRST	MIDDL	E	LAST		15. MOTHER'S MAIDEN NA	WE		LAS	Ţ
160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR	R OR DATES)	50CIAL SECU 219-30-9		Marghand Ger MEdcial Reco	_		nden A	ve.
PART I. DEATH V	VAS CALISED BY				ry Arrest			APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH
Conditions, if any	, which		s a conseoue ulmonari		olism	,			
underlying couse	e lost.	(c) F		Righ	t Hip and fra				
		DITIONS CON	TRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN	I IN PART 10	
Dehydra: 196 DATE OF OPERA	TION	196 CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO X	20b IF YES, V IN CERTIFYII YES	NG CAUSES	

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION CITY OF TOWN

COUNTY STATE

sow the deceased alive on November 11 , above, XI (we) (did) XXXX view the body after death

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING TO CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

ADDRESS

CERTIFICATION, APSTO

221 DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

MEDICAL

Ivan Proano, M.D.

22e ADDRESS

c/o Maryland General Hospital

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

11/14/85

220.1 certify that XI) (this haspital) attended the deceased from November

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

COUNTY STATE

24 FUNERAL DIRECTOR

should be detached with the State Dept.

MPORTANT:

and Mental Hygiene marked or Item 18 sho

Anatomy Board

Balto., Md.N

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

A 10 Note that he was a second to the second

	1	FOR			DEPARTMEN!		MARYLAND H AND MENTAL	HYCIENE S	3		6 6
220420	1-	STATE REGISTRAR		ME				OF DEATH	250 111		
3,9130		CEASED NAME PE OR PRINT)	First Robe		MIDDLE MILTON		LAST	2a. DAT	REG. NOTE KNOWN KEESTI- TH MATED		9/19 85
PIEAN PIEAN DIRECTOR OUR FILES	I SE	Male 1	RACE White	5. DATE OF BIRTH MONTH DAY March 18	YEAR LAS	E (IN YEARS IF U T BIRTHDAY) MON	Rogers JNDER I YR. IF UNDI	ER 24 HRS. 2c. DA		MÖNTH D	9/19 85 P
FUNESARY FUNESAL DIS 5 FOR YOUR W PRESTON	FC	RTHPLACE (STATE OREIGN COUNTRY)	EOR	U.S.A.	HAT COUNTRY?	WIDO		RCED Ba	iltimore city o	City,	OF DEATH MI
POTHE PAGE	1 1	Baltimore	9	Mercy I	ACILITY, GIVE STREET AD	ODRESS)	THER INSTITUTION		CUPATION (TYP) WORKING LIFE)		KIND OF BUSINESS OR INDUSTRY Laundry
F ANY DE ANY DE AND 3 TRETAIN SECOND BECOND	13a. S	Md.	13b. COUI	OR OTHER INSTITUTION, G	136. CITY OR TO Baltimo	OWN	134 INSIDE CITY LIMITS? YES NO	4308 W	bress bodlea	Ave. 2	1206
DRE, MD DEATH OF WIND?		ATHER'S NAME FIRST Willia		WIDDLE	Roge		is. Mother's Mai		MIDDLE	Pape	e LAST
SAFER GIVE PA GIVE PA MISSION	- 17	WAS DECEASED I YES, NO, OR UNKNOW! Yes	(IF YES, GIV	RMED FORCES? E WAR OR DATES) Orean	16b. SOCIAL SE		Teresa	Rogers (w	address vife) sa		ress
RECORDS, 201 W. PRESTOR ST., D BE EXECUTED WITHIN 24 HOUPENDING. IN PRINCIL ENDINGS. AND AS A BUSHAL. PANGER ALONG Y. AS A BUSHAL. PANGING SAMILE EALTH AND MENTAL HYGIENE: CREMATION, OR REMOVAL.	NC	Conditions, gove rise cause (a) st lying cause	if any, which to immediate ofting the under last.	TE CAUSE (o)	Arterios R AS A CONSEQUI	ENCE OF	ic Cardiov		isease		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ALE SED 'N	CERTIFICATION	19a. DATE OF O					WAS PERFORMED?				YES NO (X)
DIVISION OF	MEDICAL CE	21a EXTERNAL UNDERLYING CONTRIBUTING 21d INJURY OC WHILE AT WORK	OR CAUSE OF	DEATH P.A	A. MONTH DAY	YEAR	OCATION STREET		IF INJURY IN ITEM 18	PART I OR PART 2)	
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAGE PATH, WITH THE STATE BATTIMORE, MARYLAND, 212		death resulted ACTUAL SIGNATURE EXAMINER'S No.	from: Note	ge of the remains de profession (No. 18)	Accident \square ,	Suicide	TITLE (SPECIFY) M.D. Assista	Undetermined NEDICALEX 111 Penn	AMINER	DATE	11/30/85
07/84 Bb	23a.B	(TYPE OR PRINT URIAL, CREMATIC SPECIFY) Burial				OF CEMETERY	_ADDRESSOR CREMATORY	23d LOCATIO CITY OR JOWN Balti	N	COUNTY	Md.
25M DHMH - 17 (VR A15 ME (5))	24 F	NAME SCH	imunek Brehms	FuneralH	ome, Inc.	21213	250 DA	C 3 198	S 25b. REGI	STRAR'S SIGN	Jandales .

Digital Digital

11069	1-	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	
X keese pe		CEASED NAME FIRST OR PRINT) Geol	rge J.	Rosch, SR.		1 1 85 12 Am
ge 4 mor	3. SEX	M	₹ RACE	5. DATE OF BIRTH MONTH 8 11 189 2		MONTHS DATS HOURS MIN.
leath. Pa	1	RTHPLACE (STATE OR FOREIGN PUNTRY)	U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMO	^
s ofter d by the fu iled with	10 CI	BALTO.	11. NAME OF HOSPITAL, NURSII GOOD SAMARI	VORKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY		
filled in could be f			ROTHER INSTITUTION GIVE RESIDENCE BEFOR	PE ADMISSION) VN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z 4021 FR	71701
mpletely ond 2 sh	14. FA	THER'S NAME FIRST JACO	B ROSCH	15. MOTHER'S MAIDEN NA	UNKNOWN	LAST
n and co	16a V	VAS DECEASED EVER IN U.S. AF YES. NO GRUNKNOWN)	RMED FORCES? 166. SOCIAL SECTION OF THE PROPERTY OF THE PROPER		shook 2421 (
physician popers mood.		PART I. DEATH WAS CAUSI	nly one couse per line for (o), (b), or ED BY: TE CAUSE (o)	me Respiratory	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at the death cer yy the ottending se remove corbo cremation, or re		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	monia		days
equires the signed I Then pleo to buriol njury, or miury, or miury	NO	1. (-		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	TION GIVEN IN PART 110
he low re bos beer permit.	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED		10b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
physicion printing physicion printing physicion printing physician printing physician	_	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	RRED (ENTER NATURE OF INJURY II	N ITEM 18 PART (OR PART 2)
G PHYSI ottending er this co	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE .
TTENDIN pitol or TOR: Aff for use of of Health		22a.1 certify that (1) (this hasp	ital) attended the deceased from 10/31/19	10/29/85 , 19 85 85 , and that in (my) (our) opinion	death occurred on the date	ond hour and from the causes stated
AL OR A the hos The ho		22b. SIGNATURE	ang	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	NE ULL 85
TO HOSPIT, retoined by TO FUNER, should be down with the Sto		22d. PHYSICIAN'S NAME (TYPE	ng	Good Sa	maritan t	losp, Balto, MD
BP	23a. B	SURIAL, CREMATION, REMOVAL SPECIFY CREMATION	11-2-85 G	NAME OF CEMETERS OF CREMATORY	23d LOCATION CITY OR TOWN	MD. STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	1	meral DIRECTOR	-7527 Her	ford Ra. "NO	V 1985 AR	FEGURAL FILENCE

STATE OF MAR

DEPARTMENT OF HEALTH AN CERTIFICATE O

> 5. DATE OF BIRTH MONTH JULY 8,

MARRIED NEV

YES [

15. MOTH

17 INFOR 352

WIDOWERXIX

YLAND ID MENTAL HYG	IENE 8	5	3	- Carlotte	2 5	3
F DEATH		REG. NO.				
	2a. DATE OF D	EATH MONTH	DAY	YEAR	26 HOU	R
V		11 -	-19	7-8	5 /	3 M
	6. AGE IN YEA	RS LAST BIRTHDAY	-	UNDER I YE		2/45
1905	8	0	'RS	NIHS DAY	S HOURS	MIN.
ER MARRIED	9 BALTIMORE	CITY OR CO	UNTYO	FDEATH		
DIVORCED [BAL	TIMORE	CIT	Y		MD.
NSTITUTION	12a USUAL OC				OF BUSINE	SSOR
Hospita	DEI	OR MOST OF WORK	ING LIFE)	NEV	Y YORK	CITY
PECITY LIMITS?	13e STREET AD 3521 0	DRESS / ZIP (D.	#2120	8
FANNIE		WIDDLE			JACOB	S
MRS	. MILLI	EADRANDE	EL			
OLD COU	RT RD.	BALT	го.,	MD	21208	
SE P	515				S LY	
INF	3011	ON		1	wk	

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

90 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

FOR

- STATE

70. BIRTHPLACE

3. SEX

REGISTRAR

NEW YORK

CITY OR TOWN OF DEATH

ABRAHAM

BALTIMORE

MARYLAND

FATHER'S NAME

NO

0

8

CERTIFICATION

MEDICAL

ACK

OUNTY

MIDDLE

BALTO

18 CAUSE OF DEATH (Enter only one cause per line lar (a),

IMMEDIATE CAUSE (a

WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

I STATE OR FOREIGN

DECEASED NAME TYPE OR PRINTS

216 TIME OF INJURY

76 CITIZEN OF WHAT COUNTRY

OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

1. NAME OF HOSPITAL, NURSING HOME OR OTHER

13c. CITY OR TOWN

LAST

ROSEN

BALTIMORE

USA

HOUR A.M. MONTH DAY YEAR

NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

IN CERTIFYING CAUSES OF DEATH?

20b. IF YES, WERE FINDINGS USED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL FXAMINER) 21d INJURY OCCURRED

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

21f LOCATION STREET

ATTENDING

PHYSICIAN

COUNTY

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on_

226 SIGNATURE

DEGREE

and that in (my) (our) opinion death accurred on the date and hour and Iram the causes stated MEDICAL STAFF DIRECTOR PHYSICIAN

CITY OR TOWN

200 AUTOPSY?

22c DATE SIGNED

STATE

22e ADDRESS

231 NAME OF CEMETERY OF CREMATORY KNOLLWOOD PARK

BROOKEYN COUNTY

NEW YORK

DHMH - 16 60M 7/B4

BP.

24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

REMOVAL/BURIAL

6010 REISTERSTOWN RD.

BALTO..

NOV.20,1985

MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR STATE CERTIFICATE OF DEATH

2501 gwynns Falls Pkwy. Balto. Md. 21216

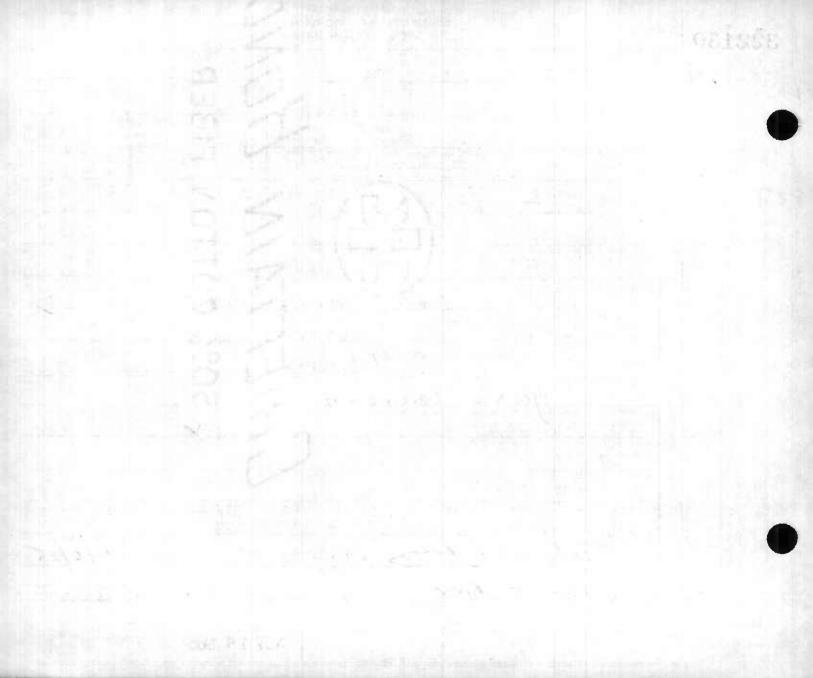
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NO.	9	10	21	0	7
				100	

	REGISTRAR		CERTI	ICAIL OI DEATH	REG. N	10.	1100	01
	ECEASED NAME FIRST	MIDDLE	- 53	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	BENJAMI		RO				08 85	2:15 AM
3. S		4 RACE	5. DATE (6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	
	MALE	BLACK	12	23 1920	64	YRS	S	
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8.	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
	MARYLAND	U. S. A.	WIDOWI	ED DNORCED	BALTIMORE			MD.
10 0	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRE VAMC, BALTIMO	ET ADDRESS)	21218	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST) BARBER		G LIFE) INDUSTRY	OF BUSINESS OR Y
	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU MARYLAND	R OTHER INSTITUTION GIVE RESIDENCE BEFI NTY 13t. CITY OR TO BALTIN	WN	13d. INSIDE CITY LIMITS?	Baltimore	/ ZIP CC	2214 Mi	t. Holly 9 21216
TAL F	Benjamin (Ross,	Sr.	15. MOTHER'S MAIDEN NAME FIRST Mary	ME Irene	9	Car	rter
	WAS DECEASED EVER IN U.S. AI			17 INFORMANT	3608	For		k Avenue
	Yes WW		-7748A	Mrs. Mary Row	lette Balt	imor	re. Mary	land 2121
	18 CAUSE OF DEATH (Enter o	nly one couse per line for 101, (b),		0	1	1	BETWEEN	NONSET AND DEATH
	PART I. DEATH WAS CAUS		colo 1	w monas	14/1007	_		
	WALKEDIA		/	1				
		DUE TO, OR AS A CONSEC	UENCE OF	uprour				
	Conditions, if ony, which gove rise to immediate	(b)		JULI OUV V				
	couse (o), stating the	DUE TO, OR AS A CONSEC	UENCE OF	, ,				
	underlying couse last	(c)	1	ulrnown	1 75			
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION (GIVEN IN PART 1	110
٥		Jaskic (ircin	OMA	3.0			
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE FIND	
1 =					YES NO	-	YES	NO [
1 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM I	18 PART OR PART 2)	
¥	OR CONTRIBUTING CAUSE OF DE		DAY TEAK	The Control of the Control				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	19	21f LOCATION			-	
ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFIC	E, FARM, ETC }	STREET	CITY OR TO	NWC	COUNTY	STATE
0			- 10		44.45			37
	sow the decepted alive or	ital) oftended the deceosed from 11/08 19	85.	nd that in (Ny) (our) apinion o	, to 11/08 death accurred on the c	late and h	19 <u>-85</u> hour and from the	, that (X(we) lost e causes stated
	77h SIGNATURE	C TICH THE HOUSE OF COURT		DEGREE			27c DAT	ENGNED
	Horto	-16	>	MATTENDING PHYSICIAN	MEDICAL STA		111	18/85
1	THE PHYSICIANS MAME, ITHE	DEPEND:		22e ADDRESS	J DIRECTOR [] TATIST	CIAIT	1	1
	Stephen	F KNOX		3900 LOCH F	RAVEN BLVD.	BAL	TIMORE,	MD. 21218
23e	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	Burial	11/13/1985 G	arriso	n Forest Veter	ran	Bal	timore.	Maryland
24	WINDAT FRERTON SONS		nc.	25a. DAH		25b REG	ISTRAB SASIGNA	TORFIGE
		APRIDECT		1 111		1 -1		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



		STATE REGISTRAR CEASED NAME	FIRST	ME	DICAL EXAMIN	NER'S	CERTIFICATE C	F DEATH	REG. NO.	MONTH DAY YEAR 17h	. HOUR
		E OR PRINT)	7777777 737					OF	ESTI-). HOUK
EET	3. SE		FRANKLIN	ATE OF BIRTH	L.		ROSS NDER 1 YR. TIF LINDER		TH MATED	11 13 1985	- M
IF ANY DELAY IS NECESSARY, PLEASE AND 3 OTHER ENDREAL DIRECTOR, SECTION PAGE 5 FOR YOUR FILES, SHOULD RE PLED, WITHIN 22 HOURS A RECORDS, 20) M. PRECION STREET,	Ma		MO	ly 21	YEAR LAST BIRTHI			MIN PRONC	UNCED AD		: Q1
		RTHPLACE (STATE OR REIGN COUNTRY)	7b. C	U.S.A	HAT COUNTRY?	1	IED NEVER MARR	IED 🔠	_	COUNTY OF DEATH	
	10.0	TY OR TOWN OF DE			PITAL NURSING HOM	WIDOV		ED Balt	imore Ci	ty WORK 12b. KIND OF BUSIN	MD.
		Baltimore	ט	r not in such FA niversi	ity Hospita	1 (SI		FOR MOST OF V		OR INDUSTRY	
		AL RESIDENCE (IF IN N TATE D. C.	US ING HOME OR OTHE	r institution, gi	VE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Washingt		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADI	St., S.	E. 99999	1
	/84. E.	THER'S NAME					15. MOTHER'S MAID	1 11 11			
	-	John	M.		Ross		Sarah			awson	
GIVE PAGES THE FOR PM PAGES VISION OF	16a. \	VAS DECEASED EVER ES, NO, OR UNKNOWN) VPS	R IN U.S. ARMED F (IF YES, GIVE WAR OF Korea		579-50-1		Ruth Wi	lliams-	7024 Ca	nyon Dr., Hgts. Md.	
	NO	gave rise ta cause (a) statin lying cause last PART 2 OTHER SIGNIFICA	g the <u>under-</u>	(c)	AS A CONSEQUENCE		E OR CONDITION GIVEN IN PA	IRT T (a),			
/	CERTIFICATION	19a. DATE OF OPER	ATION	19b. CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOPSY?	NO []
0		210. EXTERNAL CAL UNDERLYING X CONTRIBUTING	OR		MONTH DAY YEAR		ow MUURY OCCURRI abject shot		FINJURY IN ITEM 18 PART		
	MEDICAL	216 INJURY OCCUP WHILE NO AT WORK AT V	RRED WHILE X	STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)	2 Tf. LC	ocation street) blk. Gold	CITY OF	iown	COUNTY	STATE MD
ECENTIFICATE, WRITING THE WORLD BE CORWARDED TO THE CH LA DIRECTOR: PAGE 3 SHOULD BE U.H. WITH THE STATE DEPARTMENT OF MARYLAND, 21201 PRIOR TO BUR			I taak charge af th	ne remains des	cribed abave, held an	Autap	77		iry . and ir	n my apınian	
7		ACTUAL SKINATURE	AN	0	W-		TITLE (SPECIFY)			DATE 11-13-8	15
7			1		W.D		111 7				
7		EXAMINER'S NAME (TYPE OR PRINT)	Ahn M.	Dixon,	M.D.		ADDRESS	enn St.	, Balto.,	MD 21201	

where the same of the course of the same

The state of the s



101	1.	FOR STATE REGISTRAR			NT OF H	EALTH AND MENTAL HYG CATE OF DEATH	IENE O S).	1 60 60	
-		CEASED NAME FIRST OR PRINT)	MIDD	(E	L	A5T	20. DATE OF DEATH	MONTH DAT	Y YEAR 2b. HOUR	
		Alice	Mary	y Ro	ssko	pf		er 25.		٨
	3. SE	x Female	White		MONTH	DAY YEAR	6. AGE (IN YEARS LAST BIRT	MÓ	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	
	70 B		7b. CITIZEN OF WHA		Marc	h 13,1916	9 BALTIMORE CITY O	YRS COUNTY O	EDEATH	-
35		Maryland	USA		MARRIED	NEVER MARRIED DINORCED		ore Ci)
Contrad	10 C	TY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FA	PITAL, NURSING CILITY, GIVE STREET ADD	DRESS)	R OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMA	ON F WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY	
35	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136. COUN Maryland	13c	RESIDENCE BEFORE AD CITY OR TOWN Baltimore	1	13d Inside City Limits? Yes 🕻 NO 🗌	130. STREET ADDRESS 5117 N	elson	Ave. 21215	
		Charles Klingen		ŁAST		15. MOTHER'S MAIDEN NA	WIDDLE		LAST	
dicol		VAS DECEASED EVER IN U.S. AR/ YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	SOCIAL SECURIT		17 INFORMANT		vodson		
		No	13.	19-03-3	3431	Linda E. Ber	nat Baltim	ore, M		1
vent, th		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly one couse per line D BY. E CAUSE (a)	for 101, (b), and is	22)01	nectory terly	~		BETWEEN ONSET AND DEATH UNIVERSITY	
r other troumatic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	(b)	S A CONSEQUENT	Mic	s ecerdion	uscular di	26cm	10 years.	
o yanla	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONT	RIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	NIN PART 110	
uo smo	CERTIFICATION	190 DATE OF OPERATION	196. CONDITIO	N FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED NG CAUSES OF DEATH?	
or Hem 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.		YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
rkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF !	INJURY FACTORY, OFFICE, FARA	M, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY STATE	
of Health		220.1 certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did no	10/13	19 8	200	d that in (my) (our) apinion	to O O O	te and hour a	that (1) (we) lost and from the couses stated	1
TANT: If Hem		27b. SIGNATURE BOTH	wh	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN 11/26/		221. DATE SIGNED	NED 35	
with the State		220. PHYSICIAN'S NAME (TYPE O	RPRINT) ANA			5356 Ren	tentoren R.	of R	ulb 21215	
3 ≤		BURIAL, CREMATION, REMOVAL (SPECIFY)	236 DATE Nov. 29,			emetery or crematory Haven	Glen Burn	ie, A.	COUNTY STATE A. Co., Md.	
A 4/B2		uneral director tchell-Wiedefel	d Home, I	ADDRESS 65 nc. Balt	00 Y	ork Rd. Md.21212	DEC 2 198	26. REGISTRA	AR'S SIGNATURE	

(VRA 15, 4)

_		FOR
1	-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	REGISTRAR		CERTIFICATI	E OF DEATH	REG. N	10.		
1. D	200 00 00 00	RST MIDDLE	ROSTKOL	25V+	20. DATE OF DEATH	Q	DAY YEAR	26 HOL
		PHIA			NOVEMBER			10:0
3 S	SEX	4. RACE	5. DATE OF BIRT	CAY YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	HOURS
	FEMALE	CAUC.	10 - 1	12 - 04	81	YRS		
70.	BIRTHPLACE (STATE OR FOREI		UNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	MARYLAND	USA	WIDOWED	DIVORCED [BALTIMORE	CITY	4	
2 100	BALTIMORE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G CHURCH HOSP)	, nursing home or ôth give street address) ITAL	HER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST HOMEMAKER		12b. KIND (INDUSTRY	
	UAL RESIDENCE (IF NURSING I STATE 136 MARYLAND	COUNTY 113c CITY	OR TOWN 13d. IT	NSIDE CITY LIMITS?	607 S. GLO	VER ST	. 2122	4
14.1	FATHER'S NAME FIRST	MLOCZEWS	LAST 15. M	OTHER'S MAIDEN N	AME	G	ATZKE '	AST
16a	WAS DECEASED EVER IN		IAL SECURITY NO. 17 IN	FORMANT	ADDF	ESS		
/	NO NO OR UNKNOWN)	EYES, GIVE WAR OR DATES)	05-1104 MR	S. ANNE DO	ERFLER 8108	WOODH	AVEN R	D.212
1	Conditions, if any, what gave rise to immedicate (a), stating	ate	elu.	1	CARDIOGEN:	IC SH	зност	K
Z	gave rise to immedicate (a), stating underlying cause (b) PART 2, OTHER SIGNIFIC	the DUE TO, OR AS A CO	ENSEQUENCE OF BROVASCULA	R ACCIDE	CARDIOGEN:			
TIFICATION	gave rise to immedicate (a), stating underlying cause (b) PART 2, OTHER SIGNIFIC	cant Conditions Contribut	ENSEQUENCE OF BROVASCULA	.R. ACCIDE	CARDIOGEN:	20b. IF YES		INGS USE S OF DEA
CAL CERTIFICATION	gave rise to immedicate to immedicate to the stating underlying cause to the stating underlying cause to the stating underlying cause to the stating underlying DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY	CANT CONDITIONS CONTRIBUT 19b. CONDITION FOR	DINSEQUENCE OF BROVASCULA ING TO DEATH BUT NOT FOR WHICH OPERATION WAS ALTHOUGH DAY YEAR 19	RELATED TO THE TER	CARDIOGEN: SNT MINAL DISEASE OR COM 200 AUTOPSY?	20b. IF YES IN CERTIF YES	EN IN PART 1	INGS USE S OF DEA
MEDICAL CERTIFICATION	gave rise to immedicate to immedicate to the stating underlying cause to the stating underlying cause to the stating underlying cause to the stating underlying DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY	cant conditions contribut Discount Disc	PINSEQUENCE OF BROVAS CULA ING TO DEATH BUT NOT FOR WHICH OPERATION WAS A TOP TO THE TO	R ACCIDE RELATED TO THE TER S PERFORMED HOW INJURY OCCU	CARDIOGEN: NT 200 AUTOPSY? YES \(\) NO \(\)	20b. IF YES IN CERTIFY YES URY IN ITEM 18 PA	EN IN PART 1	INGS USE S OF DEA NO [
1 1	gave rise to immedicate to immedicate to immedicate to immedicate to immedicate to immedicate to impediate to	cant conditions contribut Discount Disc	INSEQUENCE OF BROVASCULA ING TO DEATH BUT NOT F WHICH OPERATION WAS WH	R ACCIDE RELATED TO THE TER S PERFORMED HOW INJURY OCCU COCATION STREET R 9 19 85	CARDIOGEN: SNT MINAL DISEASE OR CON 200 AUTOPSY? YES NO RRED (ENTER NATURE OF IN)	20b. IF YES IN CERTIFY YES URY IN ITEM 18 PA	EN IN PART 1 , WERE FIND YING CAUSE S ART OR PART 2) COUNTY	INGS USES OF DEA
1 12	gave rise to immedicate to immedicate to include lying cause to immedicate the cause to include lying cause to include lying cause to include lying include	DUE TO, OR AS A CO CONTRIBUTIONS CANT CONDITIONS CONTRIBUT 198. CONDITION FOR 198. CONDITION FOR LE OF DEATH XAMINER) 218. PLACE OF INJURY (AT HOME, STREET, FACTORS) LIVE ON NOVEMBER did not), view the body after deat	ONSEQUENCE OF BROVAS CULA ING TO DEATH BUT NOT F WHICH OPERATION WAS WHICH OPERATION WAS WHICH OPERATION WAS WHICH OPERATION WAS OF THE PROPERTY OF THE P	R ACCIDE RELATED TO THE TER S PERFORMED HOW INJURY OCCU OCATION STREET R 9 19 85 In (my Cour) Opinion EL WATTENDING PHYSICIAN	CARDIOGEN: SIT MINAL DISEASE OR CON 200 AUTOPSY? YES NO AUTOPSY?	20b. IF YES IN CERTIFY YES DWN BER 9 date and hour	EN IN PART 1 S, WERE FIND YING CAUSE S ART OR PART 2) COUNTY 19 85 r and from the	that (I) that (I) e causes st E SIGNED
1 13	gave rise to immedia cause (a), stating underlying cause It. PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE AT WORK) 27d INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify that (1) the sow the deceased a above, (1) Every 27b. SIGNATURE	DUE TO, OR AS A CO CONTRIBUTIONS CANT CONDITIONS CONTRIBUT 198. CONDITION FOR 198. CONDITION FOR LE OF DEATH XAMINER) 218. PLACE OF INJURY (AT HOME, STREET, FACTORS) LIVE ON NOVEMBER did not), view the body after deat	ONSEQUENCE OF BROVASCULA ING TO DEATH BUT NOT F WHICH OPERATION WAS WHICH OPERATION WAS WHICH OPERATION WAS OFFICE, FARM, ETC. Of from NOVEMBE. OFFICE, FARM, ETC. DEGREE 226	R ACCIDE RELATED TO THE TER S PERFORMED HOW INJURY OCCU OCATION STREET R 9 19 85 In (my Cour) Opinion EL WATTENDING PHYSICIAN	CARDIOGEN: SNT MINAL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO A NOVEMBED death accoursed on the company of the com	20b. IF YES IN CERTIF' YES URY IN ITEM 18 PA	EN IN PART 1 , WERE FIND YING CAUSE S ART I OR PART 2) COUNTY 19 85 r and from the 22c DATI NOV RPORAT	that (I) that (I) e causes st E SIGNED



REG. NO.				
20 DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR 7
NOVEMBER 21, 19	85		6:00) A _M
& AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
74 YRS	MONTHS	DAYS	HOURS	MIN
9 BALTIMORE CITY OR COUNT	Y OF DE	ATH	14	. 16
BALTIMORE CITY				MD.

120 USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

21234 13e STREET ADDRESS / ZIP CODE MIDDLE

APPROXIMATE INTERV 30 moutes

STAFF

ADDRESS

20b. IF YES, WERE FINDINGS USED 200 AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)

STATE CITY OR TOWN COUNTY

and that in (my/(aur) pinion death accurred on the date and hour and from the causes stated

221 DATE SIGNED

Wolfe HOSPITAL

21205 BALTIMORE MD 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN

URIA GARDIN 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84

(VRA 15, 4)

1905

LAZYMAN



PRESTON ST.

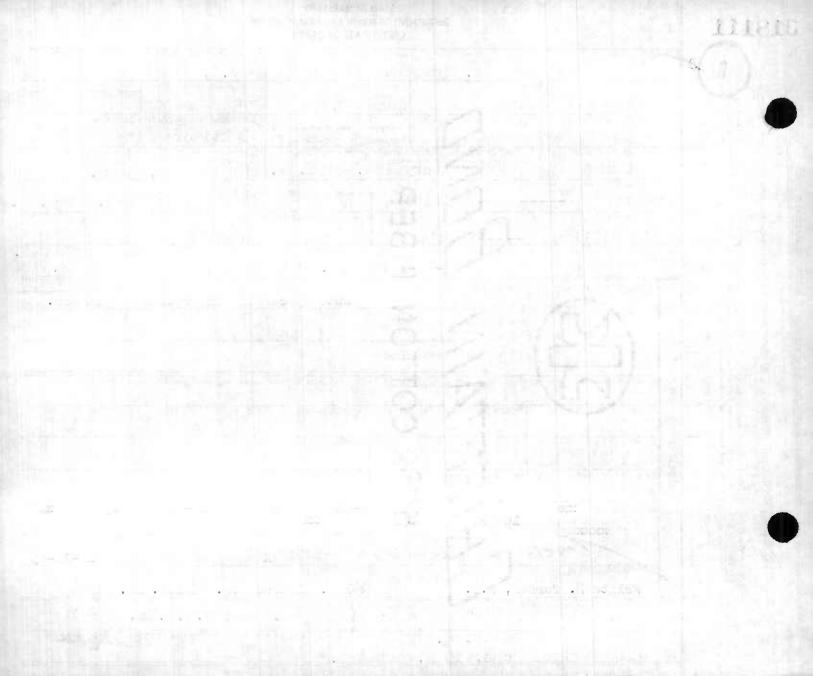
STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DE	AIN	REG.	NO.		
DECEASED NAME FIRST	WIDDLE	LAST	20 D	ATE OF DEATH		YEAR 2	HOUR
JOSEPHINE	MARY	ROUND	NC	V.2,]	1985	2	2:00AM
. SEX 4.	RACE	5. DATE OF BIRTH	6 AG	E (IN YEARS LAST			FUNDER 24 HRS
FEMALE	WHITE	SEPT. 2, 1	914	//	YRS	JATS F	MIN.
BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTR	MARRIED A NEVER MA	RRIED 9 8A	LTIMORE CITY	OR COUNTY OF D	EATH	
BALIE. MD.	U.S.H.	WIDOWED DIVO	RCED 🗌	BALTE	1. CITY.		MD
BALTO. CITY	NAME OF HOSPITAL, NUR GIENOT IN SUCH EACHURY, GIVE STR	SING HOME OR OTHER INSTITUTE HOSPT.		SUAL OCCUPA OF WORK FOR MOST 9 4 2 8 12	ATION IT OF WORKING LIFE	b. KIND OF E	BROS
BUAL RESIDENCE (IF NURSING) WE OR OT OT OUNTY	HER INSTITUTION GIVE RESIDENCE BER	OWN 134. INSIDE CITY	LIMITS? 13. ST	REET ADDRESS	S/ TUP COPE FIZOAKS	AV	219
FATHER'S NAME	N	15 MOTHER'S M	AIDEN NAME				
ALPHONSL	DIGENI	VAIZO	MARIE	MIDDLE		LAST	
(YES NO OR UNKNOWN) (IF YES, GIVE W	D FORCES? 166 SOCIAL SE PAR OR DATES) 216-05		FAMIL	9 Rt	ECORDS	5	Table &
18 CAUSE OF DEATH (Enter only	one cause per line for (a). (b)	and (C)				APPROXIMA BETWEEN ON	TE INTERVAL
PART I. DEATH WAS CAUSED !	BY.					DET WEEK ON.	SET AND DEATH
IMMEDIATE	AUSE (o)	opulmonary a	rrest				
	DUE TO, OR AS A CONSEC	DUENCE OF			1.7		
Conditions, if any, which	Comona	ry Artery Di			200		
gave rise to immediate	()	th Witern DI	sease_				
cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF					
underlying cause last							
PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING T	O DE ATH BUT NOT BELATED TO	THE TERMINIAL F	ISEASE OR CO	AND ITION CIVEN IN	DART 1 -	
	ADITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO	THE TERMINAL L	ISEASE OR CO	NADITION GIVEN IN	PARITO	
190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORM	ED 200	AUTOPSY?	20h IF YES, WE	RE FINDING	S USED
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	A		YE	S NO R	IN CERTIFYING YES		F DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJU			JURY IN ITEM 18 PART I C		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 716. IN JURY OCCURRED	HOUR A.M. MONTH	DAY YEAR					
214. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION					
WHILE NOT WHILE D	(AT HOME STREET FACTORY, OFFIC	CE FARM ETC) STREET		CITY OR	TOWN	OUNTY	STATE
220.1 certify that we (this hospital	attended the deceased Iron	Oct.8,	10 85	Nov.2.	10	85 ,,	at (I) (we) las
sow the deceased alive on	Nov. 2. 19	85 , and that in (my) (opinian death	occurred on the	date and hour and	from the car	uses stated
above, (1) (wat (did) (did tot) v	new the body after death.	DEGREE				22 DATE SK	
Sam	Cruh	M ATT		DICAL ST	AFF		. 2,
THE PHYSICIAN'S NAME IT WHEN A		22e ADDRESS		-			
Gary Kruh M.D	12,02	100	N. Broa	dway			
BURIAL, CREMATION, REMOVAL	NOW 8 1985 23	NAME OF CEMETERY OR CRI	MATORY 23	LOCATION			
n'in n	AI/III V IUV	1 1000 3 (116 -1	- 1 - 1	JOE CITY OR TOWNY	TI I A QU	MIN 1 11	T STATE
MUICIAL	1/21/10,000	THICUENS OF I	HIH	SALIO	0. 13AZ	0.00	177

DHMH - 16 60M 7/84 (VRA 15, 4)

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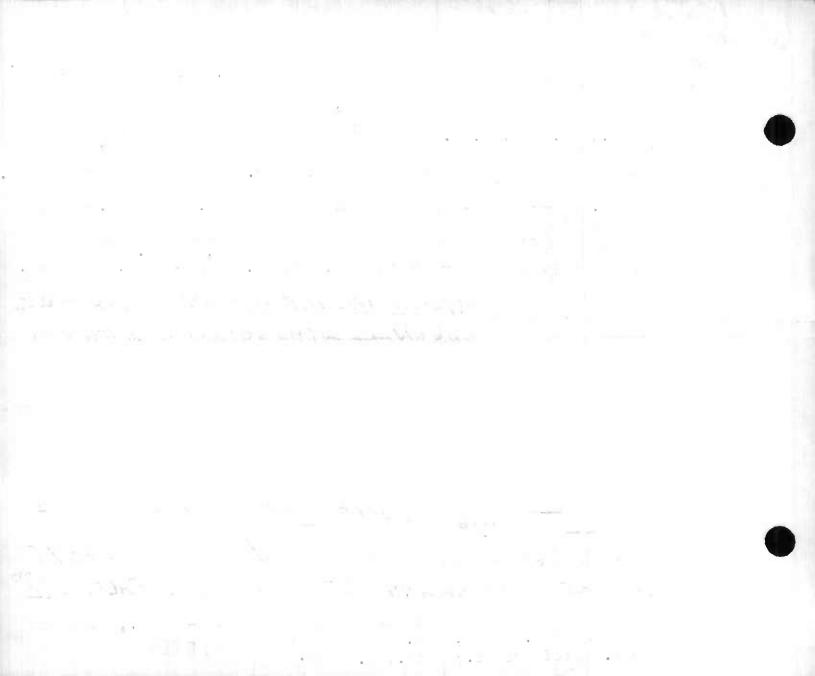
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Marine, and

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

ensi di i Vili

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

17 INFORMANT

OR OTHER INSTITUTION

DIVORCED |

REG. NO.		
DATE OF DEATH MONTH	23-85	26 HOUR 2/3
AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR

9 BALTIMORE CITY OR COUNTY OF DEATH

- 1		REGISTRAR
1	1. DEC	CEASED NAMI
	3. SEX	1
1	M BIF	Varye
C	L	Baltin
7	13a,S	ATE WILL
0	14. FA	THER STAME
1,00		/AS DECEASE ES, NO OR UNKNO OS
		18 CAUSE OF PART I. DE
		Conditions, gove rise couse (o), underlying
		PART 2 OTH

4 RACE ATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? OF DEATH IN U.S. ARMED FORCES? F DEATH (Enter only one couse per line for 10), (b), and ic ATH WAS CAUSED BY IMMEDIATE CAUSE 10 if ony, which to immediate stating DUE TO, OR AS A CONSEQUENCE OF couse lost. ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Martins 15. MOTHER'S MAIDEN NAME MIDDLE ADDRESS

Kathleen Hall 3022 E.

120 USUAL OCCUPATION

TYPE OF WORK FOR MOST OF WORKING LIFE

Lo	mbard St.
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

176 KIND OF BUSINESS OR

INDUSTRY

CERTIFICATION 190 DATE OF OPERATION 71m ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

216. TIME OF NJURY HOUR (A.M) MONTH DAY YEAR 15 P.M.

217-18-9629

NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

20a AUTOPSY?

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION CITY OF TOWN

COUNTY STATE

NO F

sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death

22a I certify that (1) (this haspital) attended the deceased from OC

ATTENDING PHYSICIAN

23d LOCATION

230 BURIAL CREMATION, REMOVAL Burial

11/26/85

Crownsville Cem.

DHMH - 16 60M 7/84 (VRA 15, 4)

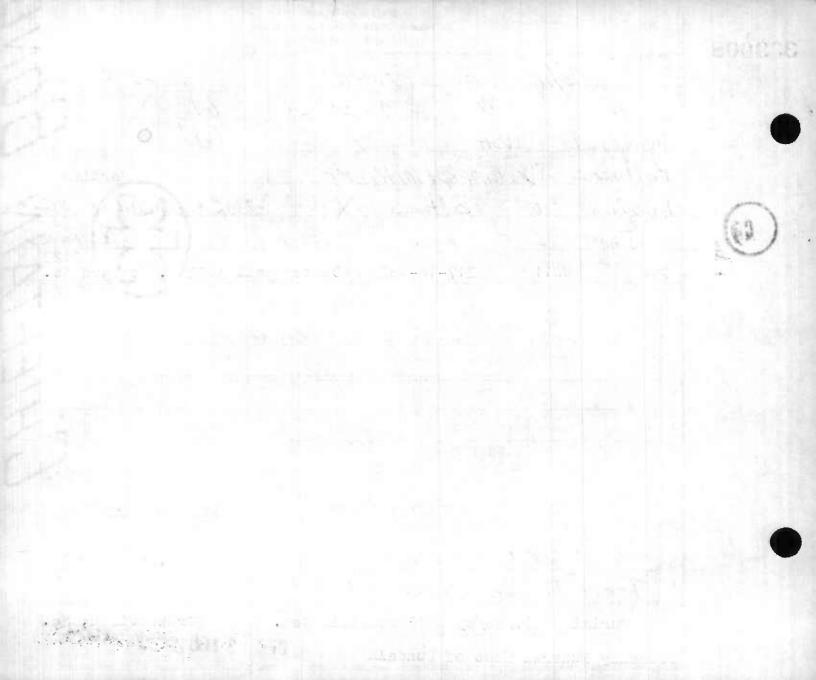
should be IMPORT,

and Mental Hygi

 ∞

24 FUNERAL DIRECTOR Funeral Home of bundalk Connelly

BP

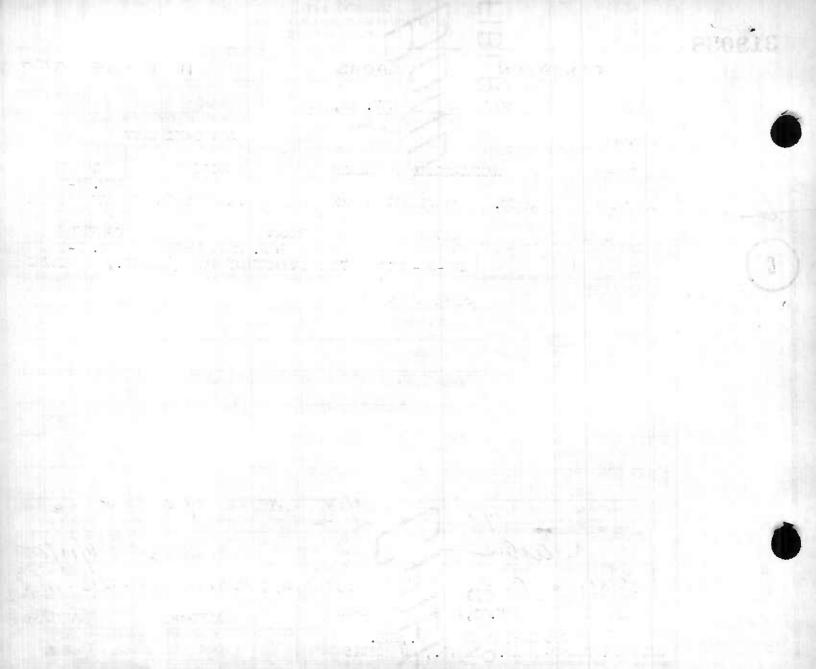


(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OF PRINTS Clementine SABB NOVEMBER 20 KATHLEEN . 1985 4 RACE STOATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH 41 TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 16 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY S.C. U.S.A. BALTIMORE CITY WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IR CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) N/A JOHNS HOPKINS BALTIMORE HOSPITAL 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE BARTLETT Ave. 21218 BALTIMORE MARYLAND YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Unknown Unknown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES GIVE, WAR OR DATES) Henry R. Sabb 713 Bartlett Ave. 101-34-9234 no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY "AKDIO LASCICAR UNRESPONSIVENESS 10 Min IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE O MECHAMICAL CLECTRO Conditions, if ony, which gove rise to immediate couse (o), stoting the couse lost NOT RELATED TO THE TERMINAL DISEASE OR CERTIFICATION ALLURE 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 816 185 4CLEBSA 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER! 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM ETC.) WHILE NOT WHILE 220.1 certify the hosping of tended the deceased from sow the deceased give on 19 pinion death occurred on the date and hour and from the causes stated and that 22c DAJE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAL 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE BURTAL MÖÜNT STATE 11-27-85 CHURCH CEMETERY PLEASANT 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 1101 ADES NORTH AVE. W.C.MARCH F/H CO. " how dilly down

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 319058 REGISTRAR REG. NO 2a DATE OF DEATH 1. DECEASED NAME 7h HOUR (TYPE OR PRINT) BENJAMIN SACHS 4. RACE 6. AGE LIN YEARS LAST BIRTHDAY! IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 5. DATE OF BIRTH NOV. 27,1904 80 WHITE MALE BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY USA MARYLAND WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MERCHANT XXXXXXXXXXXX LEVINDALE BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE 21208 NO TXX BALTO. MARYLAND 15. MOTHER'S MAIDEN NAME ATHER'S NAME MIDDLE SHANA MIDDLE GOLDBERG SACHS CHAIM MRS. ROSE SAUTHS APT. T-I 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17. INFORMANT 21208 7209 BROOKCREST WAY BALTO., MD 216-32-6128 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that ((this haspital) attended the deceased from saw the deceased alive an and that in (aur) apinian death accurred an the date and have and fram the causes stated above, (ts(we) (did) (did view the body after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME LITYPE OF PRINT 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL (SPECIFY BURIAL) 23d LOCATION NOV.11,1985 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 50M 4/83 6010 REISTERSTOWN RD. BALTO. MD (VRA 15, 4)

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTIE	FICATE OF DEATH		REG. NO.			
	CEASED NAME	FWST	,	AIDDLE		LAST	20 DATE		ONTH DAY	YEAR	26. HOUR
(TYP	E OR PRINT)	Mollie		Α.	S	adler		11-	11-8	5	6 PM
3. SE	X	4	i'E	71	5. DATE	OF BIRTH	6 AGE	(IN YEARS LAST BIRTH		DER TYEAR	IF UNDER 24 HRS
1	Female	5	Whi	te	11	14 189		90	YRS		HOURS MIN.
70. B	IRTHPLACE (STATE OF	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	. 8.	D NEVER MARRIED	9 BALTI	MORE CITY OR	COUNTYOF	HTASC	
	Maryland	77	U.S.A		WIDOW		B	Baltimore	e City		MD
	ITY OR TOWN OF DE	ATH 11		HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12a USU	VAL OCCUPATION	N 12	2b. KIND OI NDUSTRY	F BUSINESS OR
1 F	Baltimore	/		nes Hospi				memaker	WORKING (IFE) I II		
	AL RESIDENCE (IF NUI	SING HOME OR OTH		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?		ET ADDRESS /	ZIP CODE		
	aryland	Balti		Halethor		YES NO X		Brady I		2122	27
J. F.	ATHER'S NAME	MiD	DIS	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE		LAS1	
V	John	Mil	ote	Schalit	Zy	Amelia		MIDDEL		Boy	
	WAS DECEASED EVE	R IN U.S. ARME		16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES	S		
man district	NO	(IF TES, GIVE W	AR OR DATES	214-74-1	810	Joann Wolf	arth	1942 Bra	ady Ave	. 21	227
	18 CAUSE OF DEA	TH (Enter only)	one couse per	line for ioi, (b), one	dicil	4	11			BETWEEN	MATE INTERVAL DISET AND DEATH
	PART I. DEATH	WAS CAUSED E	BY:	KESPIR		y Meres	91	1 .			
		(MUNICULATE)		A CONSTOUR	NCE OF	1) 11	11 /	7/			
10	Conditions, if on	u subiek	DUE TO, OI	R AS A CONSEQUE	NCE OF	of Items	PIN	Ar/we			
	gove rise to in	nmediote	16)	0	- 3 .		- (1				
	couse (a), state underlying cous		DUE TO, O	R AS A CONSEQUE	NCE OF						
	D. D. C.	- UEIC - LIZ	E VANORITA	ON MEUTING OF	con to	NOT RELATED TO THE TE	DALINIAL DIC	21402 90 3243	ITION CIVEN I	NI DADT 1	
Z	PART 2 OTHER SIG	MIFICANILY	Celis	Durk	1	NOT RELATED TO THE TE	KWINAL DIS	EASE OR COIND	IIION GIVEN II	Y PART TIO	,
CERTIFICATION	190 DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a A	AUTOPSY?	16 IF YES, WE		
黑							YES	NON	IN CERTIFYING	3 CAUSES	OF DEATH?
ER -	210. ACCIDENT WAS U	NDERLYING T	21b. TIME O	F INJURY	-	21c. HOW INJURY OCC				OR PART 2)	
2	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH DA							
MEDICAL	(IF EITHER NOTIFY MEI		P. 21e. PLACE		19	21f. LOCATION					
MEC		VHILE	(AT HOME STE	REET FACTORY, OFFICE, F.	ARM ETC)	STREET		CITY OF TOW	N	COUNTY	STATE
1	AT WORK AT W	ORK			11/	6		11/1	5	3	
	220.1 certify that (4) oftended th	e deceased from	x	and that in (my) (our) opinion	, to	ward no the day	, 19		that (I) (we) lost
	nbove. If (we)	Hird) (did not) v	view the body	ofter death.	, 0		on deom occ	orred on the dol			
	22b. SHUNATURE	LL	1-	_		DEGREE	G MEDIC	CAL STAFF		Mr. DATE	I GIVED
	7		1			PHYSICIAN	DIRECT	TOR PHYSICI	AN D	10/	11/13
	22d. PHYSICIAN'S	ATVIE TYPE OR P	M.	LEE		22e. ADDRESS				9	,
	VO	kly i				St. Agnes	Hospi	.tal			
23a	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c N	NAME OF	CEMETERY OR CREMATOR	RY 23d L	OCATION CITY OR TOWN	co	YTAU	STATE
	Buria	1	11/15	/85 Ne	ew Ca	thedral Ceme	tery	Baltimo	re		Maryla
24 F	UNERAL DIRECTOR			4000000	2	1229 250. [DATE REC'D	BY RESISTRAR 2	56. REGISTRAR	SSIGNAT	URE

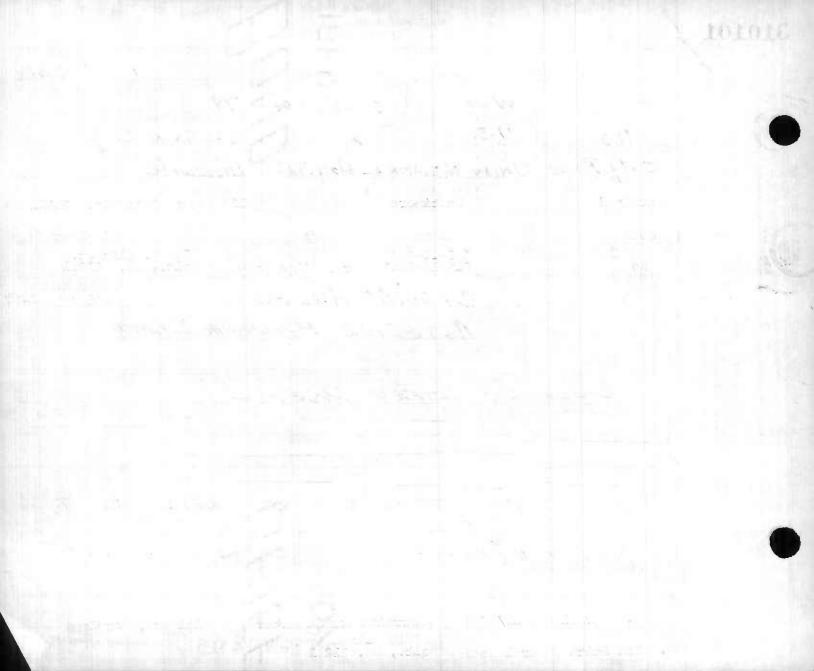
DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the haspital ar attending physician TO HOSPITAL OR ATTENDING PHYSICIAN

BP.

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

10101	1 -	FOR STATE			DEPARTM	ENT OF H	EALTH AND	MENTAL HYG	IENE 8	5	1	, 1	£ 1	5 0
	1. DECI		FIRST	MIDDLE		L	\ST	17.5	20 DATE C	REG. N	MONTH	DAY YEAR		OUR
noy be	3. SEX	H	LICE 1. RAC	M		S. DATE C		IR	6. AGE (IN	YEARS LAST BI	RIHDAY)	IF UNDER LYE		26PM
rector.		F		W		MONTH	28	1996	7	9	YRS.	MONTHS DA		RS MIN.
merol d in 72 ho	70. BIR	HPLACE (STATE OR FORE	FIGN 76 CIT	U.S.	OUNTRY?	MARRIE!		MARRIED	100	ALTIC		CIT;		MD.
by the fulled with	10. CIT	OR TOWN OF DEATH		AME OF HOSPITA		DDRESS)	ROTHER INS	OITAL	12a USUAI	OCCUPATORK FOR MOST	ION OF WORKING L			INESS OR
24 hours	13a ST	RESIDENCE (IF NURSING ATE 13	HOME OF OTHER I	NSTITUTION, GIVE RESIL	PENCE BEFORE Y OR TOWN	ADMISSION)	13d. INSIDE (CITY LIMITS?		ADDRESS	/ ZIP COD	e ca Ave	2	1211
npletely ond 2 sh		HER'S NAME FIRST	MIDDLE		last 11man			'S MAIDEN NAI		MIDDLE	x v x 0 (LAST gline	
Poges (o	16a W	AS DECEASED EVER IN	U.S. ARMED F	ORCES? 165 50	CIA SECUE -10-4		17 INFORM		alv	APDR 134 Ba	18 W. lt., N	41st	St. 1211	9
physicion poppers: novol.		8. CAUSE OF DEATH I PART I. DEATH WAS	Enter only one CAUSED BY:	/1	101, (b), and	IAC	A	DAFC	7			BETWE	ROXIMATE IN EN ONSET	NTERVAL AND DEATH
been signed by the otte mil. Then please remove prior to buriol, cremotion only injury, or other troun	NO	PART 2. OTHER SIGNIF	diote the lost. D		ITING TO D	EATH BUT	Pa	SEA.		ISE OR CON	IDITION GI	VEN IN PART	IDINGS U	
The la		Na ACCIDENT WAS UNDERLOOPED OR CONTRIBUTING CAU		Ib. TIME OF INJUR HOUR A.M. MC		Y YEAR	21c HOW II	NJURY OCCUR	YES TENTER	NATURE OF INJU	+	FYING CAUSES	146	DEATH!
PHYSIC ending this cer he burio nd Ment	MEDICA	(# EITHER, NOTHY MEDICAL 16. INJURY OCCURRED WHILE NOT WHILE AT WORK	EXAMINER)	P.M. e. PLACE OF INJU AT HOME, STREET, FACTO	RY DRY, OFFICE, FA	19 RM. ETC)	211. LOCATI			CITY OR TO	OWN	COUNTY		STATE
ral OR ATTENDING y the hospitol or off Ral DIRECTOR: After detoched for use os to the Dept. of Health of It if them 21 is morked to the Dept.		2a.I certify that (I) (the saw the deceased above (I) (we) (slid 2b. SIC (AATURE	alive on No idea on No	the body after do	10 8		DEGREE	19 85) (our) opinion of	MEDICA		FF A		('	
TO HOSPITAL I		2d PHYSICIAN'S NAM		But His			22e ADDRE							
BP	23a. BU	RIAL, CREMATION, RE- ECHY) Buria		DATE 1/4/85	Lo	rrain	e Park	CREMATORY Cemete	rv	TY OR TOWN	more	COUNTY	land	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		PERAL DIRECTOR Alan Seitz	Funera	1 Home	ADDRESS 38	18 R	land A	Ave NOV	04 1	REGISTRAR	25b. REGIS	Mary TRAR'S SIGN	Acade	12



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

BP

MPORTANT: If Item 21 should be detached for

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	F	REG. NO.		
I. DECEASED NAME	FIRST	WIDDIE	L	AST	2a. DATE OF DE	ATH MONTH	DAY YEAR	2b HOUR
(TYPE OR PRINT)	Joseph	St.	Lawere	ence	Nov.	11, 198	5	12:20RA
3. SEX	4 RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER TYEAR	R IF UNDER 24 HRS
Male	Whi	te	Dec.	23, 1912	7:	2 YRS	MONTHS! BATS	HOURS MIN.
TO BIRTHPLACE (STATE OR F		WHAT COUNTRY	8.		9 BALTIMORE	CITY OR COUNT	Y OF DEATH	•
Maryland	U.S	- A -	WIDOWE	D NEVER MARRIED	Balti	imore Ci	tv	MD
O CITY OR TOWN OF DEA	TH 11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCC	CUPATION	12b. KIND	OF BUSINESS OR
Baltimore		CHEACHITY, GIVE STREE 1 Park Av			Artis	R MOST OF WORKING	LIFE) INDUSTRY	
USUAL RESIDENCE (IF NURS 130. STATE	ING HOME OR OTHER INSTITUTIO	N GIVE RESIDENCE BEFOR	RE ADMISSION)		L. CERCE LR	2000 / 2/2 00/	- 71	201
Md	13b COUNTY	Baltim		13d INSIDE CITY LIMITS?		Park Av	-	
4 FATHER'S NAME			ore	15. MOTHER'S MAIDEN NA	ME			
FIRST	MIDDLE	ter		FIRST	nknown "	HDDLE	T.A	AST
60 WAS DECEASED EVER			URITY NO.	17 INFORMANT		ADDRESS	*** 1 1	0670
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	216 22	2490	Charles M. A.				wer 2672
	H (Enter only one cause p	216 32		0		PO Box K		XIMATE INTERVAL
PART I. DEATH W	AS CAUSED BY:	Cond	in to	emorary o	rreal	/		
gave rise to imm cause (a), statin underlying cause	g the DUE TO, (c)	OR AS A CONSEOU		NOT RELATED TO THE TERM	INAL DISEASE O	R CONDITION G	IVEN IN PART 1	ia.
NO CONTRACTOR OF	TION CON	TION FOR WHICH	L O DED A TIO	200 DEDECTOR OF THE PARTY OF TH	Lea ALVIORS	V2	ES WEDE EINID	IN COLUMN
NO DATE OF OPERAT	196. CON	DITION FOR WHICE	HOPERATIO	N WAS PERFORMED	YES N	IN CERT	ES, WERE FIND IFYING CAUSE YES	
	AUSE OF DEATH HOUR	of injury a.m. month d p.m.	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART OR PART 2)	
OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	(AT HOME, S	E OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC }	211 LOCATION STREET	CI	ITY OR TOWN	COUNTY	STATE
saw the decease	(this haspital) attended to ed alive an did) (did nat) view the bad	2 19	1	nd that in (my) (aur) apınıan (death occurred a	n the date and ho		, that (It (we) last e causes stated
276. SIGNATURE	· ask	I July	B.H. L	DEGREE ATTENDING PHYSICIAN L	MEDICAL DIRECTOR	STAFF PHYSICIAN	ZZC. DAT	E SIGNED
220 PHYSICIAN'S NA	ME (TYPE OR PRINT)			27e. ADDRESS				
Dr. Gu		hah		2105 N. Ch				
73a BURIAL, CREMATION, (SPECIFY)	REMOVAL 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO		COUNTY	STATE
Cremation	11/12	/85	Westv:	iew Memorial E	k. Wes	tview, B	alto. C	o. Md
1 FUNERAL DIRECTOR	- D	O C ADDRESS	1-11- 1	Rd 21211 150 NO		ISTRAR 256. REGIS	STRAR'S SIGNA	TURE
Burgee Hens	s runeral Ho	me 3631 T	alls	xa 21211 110	4 TO 12	JU -		

	1.	STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE CERTIFICATE OF DEATH REG. NO.
310111		CEASED NAME DEXTER MIDDLE E. Salisbury 20 DATE OF DEATH MONTH DAY YEAR 1247A
ge 4 may	3. SE	Male S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH OF ARS OF AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
deoth. ro		RTHPLACE TO BE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED STAND NOT COUNTY OF DEATH WIDOWED DIVORCED MARRIED
201 us ofter of filed with	10. C	Salt WORLFORMUST OF WORKING LIFE INDUSTRY
BALTIMORE, MARYLAND 2120 2.20% core be-executed within 24 hours yiscion ond completely filled in by opers. Poges ond 2 should be fill wol. 11, the medical examiner miss be no	13a	Ma. Salt. YES NO 2124 St. Paul Street 21218
MARY and 2 ond 2 ond 2		FIRST MIDDLE LAST FIRST MIDDLE LAST Edwin Salisbury Daisy Fink
be execu		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SEL JHITY NO 17 IN Louise Noe 601 Wyanoke Ave.
; ‡ £ 6 5 5		18 CAUSE OF DEATH lEnter only one couse per line for 12 (b), and IC PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN) ATALO DICLOSOFT IMMEDIATE CAUSE IN) ATALO DICLOSOFT IMMEDIATE CAUSE IN) ATALO DICLOSOFT IMMEDIATE CAUSE IN IMMEDIATE CAU
death ce ottending ove corbo		Conditions, if ony, which DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTINUED CONTINUE
201 W. PRESTON ST es that the death certi ned by the ottending p please remove corbon urial, cremation, or ren y, or other troumotic ev		gove rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF
RDS, 20 equires t signed Then ple ta burio	NO.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TID
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require of the this certificate has been sign of the burnol-transit permit. Then the and Mental Hygiene prior to be orked or frem 18 shows ony injury orked or frem 18 shows ony injury	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 LIF YES, WERE FINDINGS USED NO
SICIAN: TI ng physicia certificate uriol-transit tental Hygi		210. ACCIDENT WAS UNDERLYING COURSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
IVISION O UG PHYSIC ottending ter this cert is the buriol ond Menti	MEDICAL	216 INJURY OCCURRED 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK AT WOR
TEND on TOR: A or use of Heal		220.1 certify that (1) (this hospital) attended the deceased from 1900 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
AL OK ATTER the haspitol AL DIRECTOR letoched for it the Dept. of H		CINATUSE OVALAS CLARLE DEGREE ATTENDING MEDICAL STAFF 1274 DATE SOCIETA
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Stote	1	James Douglas Clarke 2007 80. Hanover ST. Balt, Nd.
BP	23a V	Cremation, REMOVAL Topology, 1985 Westview Memorial Catonsville Balto. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	JNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore. Maryland NOV 0.4 1985

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Todamand at mer Inc. Indian serve Mary land to a

	LIt	ems 18-	22a 1/6	/86 mt]	o F#	EPART			MARYLAND H AND MEN		GIENE	5		3 1	2	8 7	
139 (1	STATE REGISTRAR			MED	ICAL	EXAMI	NER'S	CERTIFICA	ATE OF	DEATH	H	REG. N	10.			
2		CEASED NAME	EIRST			MIDDLE			LAST		20.	DATE K	NOWN 5	XX MONTH	DAY Y	EAR 76 HO	OUR
E FUNERAL DIRECTOR. E S FOR YOUR FILES. ED, WITHIN 72 HOURS W. PRESTON STREET,	1	LORPRINT	John		Th	omas	3	5	Sanders				MATED		-10 19	85	٨
STREET	3. SEX	4.1	RACE	5. DATE OF	BIRTH	YEAR	6 AGE (IN			UNDER 2		DATE	ED	MONTH	DAY	YEAR 24 H	18
ON STATE			lack	11	16	53		YRS.	DAI 3	IOURS		DEAD				85 a	• M
SHE STATE		RTHPLACE (STATE	OR	76. CITIZEN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED 9 BALTIMORE CITY OR COUNTRY									Y OF DEAT	H		
Fileb, Wi	So	uth Caro	lina	U.				WIDO		DIVORCE				e City			MD
7	10 CI	TY OR TOWN OF	DEATH				RSING HOA		HER INSTITUTIO	NC	12a USUAL FOR MOST	OCCUPA OE WORKI		PE OE WORK	Baruto	MOTE SUSINES	5
35		Baltimor		I M	Mercy	Hos	spital				Truck	C Dri	iver		News /	Americ	car
35	13a. S		N NURSING HOWE	Baltimore 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS Nary							imper arylan	per Court Apt.2 land 21208					
30	14. FA	THER'S NAME		MIDDLE			LAST		15. MOTHER'S	SMAIDEN	NAME	MID	DLE	Talls	LAST		
20	1	Curtis				Fort	son		Luci						azier		
7	16a. V	VAS DECEASED E	VER IN U.S. AR	MED FORCES	?	16b. SO	CIAL SECUR	ITY NO.	17. INFORMAL	NT			60 DOGS	imper	Cour	t Apt.	21
-	-	No.	, , , , , , , , ,			216	-62-1	496	Vaness	a H.	Sande	ers			. Md.		
		18 CAUSE OF D	DEATH (Enter or	nly ane cause	per line f	ar (a), (b), and (c).)					7 7			APPROX BETWEEN	ONSET AND DE	AL ATH
AL.		PARTIDEAT		TE CAUSE (a)	F	Pulmo	onary -	Embo.	lism Thr	rombo	sis						
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.					O, OR A	AS A CON	NSEQUENCE	E OF									
REA			if any, which to immediate							17-							
		cause (a) sta lying cause	ating the <u>under</u> -	DUE 1	O, OR A	S A CON	NSEQUENCE	E OF									
				(c)													
		PART 2 OTHER SIGNI	ICANT CONDITIONS	CONTRIBUTING TO										175		7	
	CERTIFICATION	Hypertrophic Cardiomyopathy 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?															
ı	S	19e. DATE OF OF	PERATION	196. С	ONDITIO	ONFOR	WHICH OPE	ERATION V	WAS PERFORME	ED?					20 AUTC		
	1 5													3.7	YES	NO NO	
5	- U	21a EXTERNAL O	and the same of th			OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) M. MONTH DAY YEAR							RT 2)				
-	CA	CONTRIBUTING	CAUSE OF		P.M.		19			600							
	MEDICAL	21d. INJURY OCC	TURRED		PLACE OF		(AT HOME,	211. LC	STREET		Cr	TY OR TOW	N	cor	UNTY	STA	LTE.
		WHILE AT WORK	TWORK														
			that I taak char	ge of the remo	2000	ribed abo		Auto Suicide	psyXXX, Ir	nspection	Undeterm	Inquiry [ınd ın my ap	Hinian		
		1	V2 -	10	4	1	1	MA	TITLE (SPEC								
		SIGNATURE_	Llu	110	KI	2110	11	114	M.D. Assis	stant	MEDICA	LEXAMI	NER	DATE	D 11-1	.0-85	
7		F.V.A. 1.1 (b. 1551)		V	0.	1											
-	1	(TYPE OR PRINT)	ME Der	nnis F.	. Smy	yth/,	M.D.		_ADDRESS]	111 P	enn S	t.,	Balt	0., M	d. 21	.201	
	23a. Bl	URIAL, CREMATIC				23c. 1	NAME OF C	EMETERY	OR CREMATORY	Ÿ	23d. LOCA			COUR	NTY	STATE	
		Bur		11/13/		Ar	butus	Memo	rial Par	rk		01111	Balt	imore	, Mary	land	
	24 F	WERAL DIRECTO	RSons F	uneral	AD HOM	e. I	nc.		250	DATE RE	C'D. BY RE	GISTRAR	25b REC	SISTRAR'S S	IGNATURE	data	
	25	Ol Cwypp	c Fall	e Plant	Bo	ltim	OPOM	Md	21216	NOV	14	1985	Juni	الله والمناوو م	en-han	pagation.	

CHE AT YOR

FOR STATE

STATE OF MARYLAND

DEP	ARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
	CE	RTIF	CATE	OF	DEATH	

338062	í.	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO.
000000	I. DE	CEASED NAME A FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
e . De	(1YP	PEAR PEAR	1 MAUNE	Sounce	Nov. 29 1985 405
à la	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS
4 (1)		FEMALE	CAUC.	July 12 190	4 8 / YRS MONTHS DAYS HOURS MIN.
2 200		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY OF DEATH
eoth		est Virginia	a U.S.A.	WIDOWED DIVORCED [BALTIMORE CITY ME
11 30	10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS LIF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION 126 IND OF BUSINESS OR
to so the solution of		BALTIMORE	BELAIR LOD	UNLESARIUM	Home Maker
hou hou	130		ME OR OTHER INSTITUTION GIVE RESIDÊNCE BEFO OUNTY 13c. CITY OR TO Balto.	WN 13d. INSIDE CITY LIMITS	13e STREET ADDRESS / ZIP CODE 120 S. Chester St2123
und de la	114 E	ATHER'S NAME	Dalto.	YES X NO 1	
W TO THE		FIRST	MIDDLE	FIRST	MIDDLE
pe f		William You WAS DECEASED EVER IN U.S.		URITY NOD 17. INFORMANT	nie Cunningham
n ond Poges		YES NO OR UNKNOWN) (IF YES	S GIVE WAR OR DATES)		700 0700
S. Po		No	235-12	-9043 Kay Lewis	s - 120 S. Chester St2123
that the dec by the atte tase remove of, cremation		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEON	JENCE OF	
equires the signed Then pled to burio	NO	PART 2 OTHER SIGNIFICAL	NT CONDITIONS COMPRESITING TO	DEATH BUT NOT RELATED TO THE TE	BANNAL DISEASE OR CONDITION GIVEN IN PART 110
on. hos bee t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES NOT
SICIAN: The le		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
NG PHYS offer this cost he bur ith and Me	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE	PARM ETC) 216 LOCATION STREET	CITY OR TOWN COUNTY STATE
TENDIN pitol or TOR: Aff for use o of Health		27s I certify that (0 jum he saw the described of papers, (1) we (did) the	NOV. 29 19	2	on death occurred on the date and hour and from the course stated
ral Ok 3 y the hos Ral Directed detoched ore Dept.		77h SIGNATURE	Men		MEDICAL STAFF DIRECTOR PHYSICIAN
O HOSPITAL toined by th O FUNERAL nould be dete		Luis E.	Livera	54 Scott	Adan Rd. Cockeysville, Bolos
5 5 5 2 3 ₹	23e	BURIAL CREMATION PEMO	VAL 123h DATE 123r	NAME OF CEMETERY OR CREMATOR	y 23d LOCATION

Masonic Cem

BP.

Burial 12-2-85 Masonic Cen

14 FUNERAL DIRECTOR

John C. Miller Inc-6415 Belair Rd.

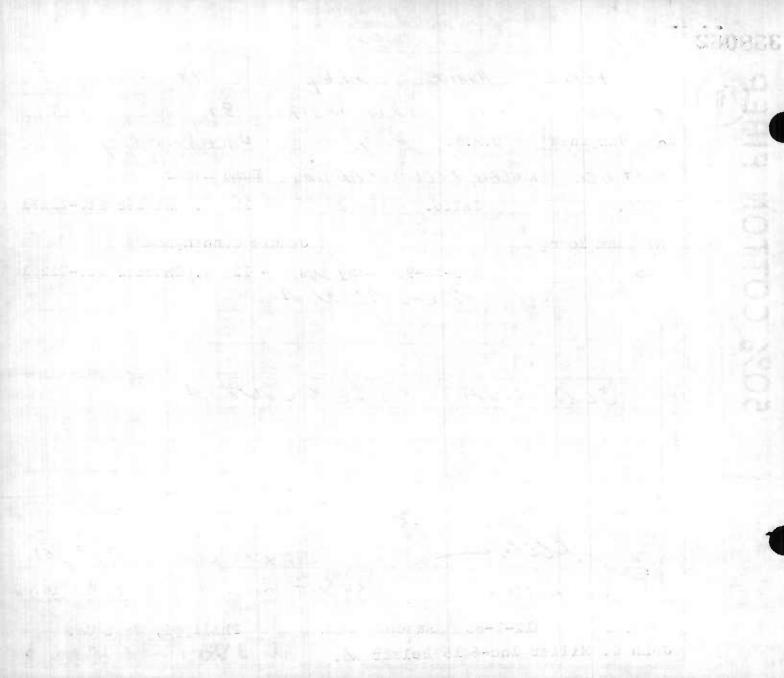
COUNTY

STATE

250 DATE REC'D. BY REGISTRAN SI REGISTRAN SIGNATURE

DEC 2 1885

DHMH - 16 60M 7/84 (VRA 15, 4)



325023	1	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
in 24 hours after death. Fage 4 may be tilled in by the funeral arretter, page 3 should be filled within 72 hours after death arrived be natified at once	0 12	3. SE:	TALE RTHPLACE (STATE OR FOREIGN 1) OUNTRY) TY OR TOWN OF DEATH 1 AL RESIDENCE (IF NURSING HOME OR O) TATE 136, COUNTY	Y I3c. CITY O	S. DATE OF MONTH OF MARRIE WIDOW IURSING HOME E STREET ADDRESS)	DE BIRTH H DAY YEAR LO OT ED NEVER MARRIED DIVORCED DOR OTHER INSTITUTION	9. BALTIMORE CITY O 12a USUAL OCCUPATI ITYPE OF WORK FOR MOST O Retire 13e.STREET ADDRESS / 3323 Belle	THOAY) # UNDER WONTHS YRS. R COUNTY OF DEA ON INDU TOP CODE	TH MD IND OF BUSINESS OR STRY				
design of 2	0	léa V	Robert Satterwill VAS DECEASED EVER IN U.S. ARMI VES NO OR UNKNOWN JUEYES, GIVE V	ED FORCES? 166 SOCIA	L SECURITY NO.	Mary Burton 17. INFORMANT Lorentha Cheat	ADDRE		21215				
requires that the death certificate in signed by the attending physicis. Then please remove carbon paper or burial, cremation, or removal.		Z	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CON DUE TO, OR AS A CON (c)	SEOUENCE OF		ular accid	tno	PPROXIMATE INTERVAL WEEN OMSET AND DEATH				
The low cion. cion. sit permit permit piene pric	9	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR V		21c HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	206. IF YES, WERE FIN CERTIFYING CA	NO [
TO HOSPITAL OR ATTENDING PHYSICIAN; Tirefained by the haspital or attending physicial TO FUNERAL DIRECTOR: After this certificate should be detached for use as the burial-transit with the State Dept. of Health and Mental Hyging MPPORTANT; If them 21 is marked or them 18 ships	A PEDICAM	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHILE AT WORK AT WORK 22a I certify that (I) (this hospito sow the deceased alive on above, (I) (we) (did) (did not) 27b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR	P.M. 71e PLACE OF INJURY LAT HOME, STREET, FACTORY, of the body ofter deoth.	DEFICE, FARM ETC.)	211. LOCATION STREET 19 5 nd that in (my) (our) opinion of the control opinion opinion of the control opinion opini	city on to	wn country 19 20 to the ond hour and from 17%.	state, that (I) (we) lost				
BP		Вί	urial, cremation, removal	23b. DATE 11/23/85		rove Cemetery	23d LOCATION CITYORTOWN	moore Nout	STATE				
DHMH - 16 50M 4/83 (VRA 15, 4)			INERAL DIRECTOR NAME Law Funeral Home	4611 Park H	eights A	ve. 21215	e rec'd. By registrar 1 9 1985	250. REGISTRAR'S SK					

			FOR 1.		D	EPARTA	STAT		ARYLAN		YGIENE	5	3 1	2 9	2
2250	20		STATE REO STRAR		MED	ICAL E	XAMIN	ER'S C	ERTIFIC	CATEO	FDEATH	REC	6. NO.		1
3360			E OR PRINT	FIRST	-	MIODLE	- 6		LAST			OF ESTI-		OAY YEAR	2b. HOUR
FASF	OURS.	3. SEX	VALERIE Jones SAUNDERS DEATH MATED X 11-17-85												
\alpha \alpha	ELAY IS NECESSARY, P TO THE FUNERAL DIREC PAGE S. FOR YOUR S. 201 W. PRESTON ST			lack	MONTH DAY	10	75 YR	Y) MONTH		Hours		NOUNCED DEAD	11-	-20-85	9:30P
AEGESSA A		70 BIRTHPLACE (STATEOR SOUTH Carolina			7h CITIZEN OF WHAT COUNTRYS IS			ED NEVER MARRIED , BALTIMORE CITY OF COUNTY OF DEATH							
		Baltimore			II. NAME OF HOSPITAL, NURSING HOME, OR OTHI IIE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1214 Myrt Te Avenue			er institut	ION		CCUPATION OF WORKING LIFE T-Emp		12b. KIND OF OR INDU: Cleani	STPV	
15 N	RETAIN HOULD	USUA 130 S		NURSING HOME OR	OTHER INSTITUTION, GIVE Y		efore admission or town timor		13d. INSIDE CIT Yes 🔀	TY LIMITS?	13e STREET /	Myrt.	le Av	e. 212	217
	INNER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH A FICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE, PAGES 14-27-78, FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PARTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES (AND 2 SHOT ITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	0.5	THER'S NAME		Jones Jones			15. MOTHER'S MAIDEN NAME MIDDLE LAST A1ma							
		(YI	VAS DECEASED EVI ES, NO, OR UNKNOWN) O	ER IN U.S. ARM (IF YES, GIVE W	VAR OR DATES)		-14-0		17. INFORM Ahma		yango	2601		ot Rd.	21216
W. PRESTOR		N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a.)								BETWEEN ON	ATE INTERVAL			
ITAL REC		CERTIFICATION	19a DATE OF OPE	RATION 196 CONDIT		NDITION FOR WHICH OPERATION WAS PI			AS PERFORMED?				20 AUTOPS	20 AUTOPSY?	
ON OF V			210 EXTERNAL CA	OR	216. TIME OF 1 HOUR A.M. EATH P.M.		DAY YEAR	21c. HC	OW INJURY (OCCURRED) (ENTER NATUR	E OF INJURY IN ITE	M 18 PART 1 OR P		
ISINIO		MEDICAL	214 INJURY OCCU WHILE AT WORK AT	OT WHILE WORK	21e PLACE OI STREET, FACTO		(AT HOME,		TREET		CITY	OR TOWN	C	DUNTY	STATE
	CUTE THE CERTIF GE 4 SHOULD B FUNERAL DIREC FER DEATH, WITH LTMORE, MARYI		276 Certify that I took charge of the remains described above, held an Autopsy Inspection M. Inquiry and in my opinion death resulted from Natural Courses Accident Suicide Hamicide Undetermined manner Accident Accident Accident Accident Accident TITLE (SPECIFY) ASSISTANT MEDICAL EXAMINER SIGNED ADDRESS ADDRES												
07/84 1 25M	BP	Bi	PECHY) IPIAL INTERNATION		L1-26-85		AME OF CEAAub		Cem.			imore	, Mar	yland	STATE
	DHMH - 17 (VR A15 ME (5))	LEROY O. DYETT 4600 ADDLESS BERTY HGTS AVE. 250. DATE OF REGISTRAR'S SIGNATURE LEROY O. DYETT 4600 ADDLESS BERTY HGTS AVE.							SIGNATURE	delica					



STATE OF MARYLAND

Savage

5 DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO	Ο.			
DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
November	7,	198	35	
ACE CINIVEADS LAST BID	(HDAY)	JE UNI	DER LYEAR	IF UNDER 24

111014111	0	1 10 1-111	
3	3	1927	
MARRIED -	NEVER	MARRIED	9. BA

58 YRS ALTIMORE CITY OR COUNTY OF DEATH Baltimore City

WIDOWED

Unemployed

13e STREET ADDRESS / ZIP CODE 1701 Eutaw Place

126 KIND OF BUSINESS

21217

USUAL RESIDENCE	(IF NURSING HOME OR	OTHER INSTITUTION, GIVE	E RESIDENCE BEF	ORE ADMISSION
13a. STATE	136 COUN	1TY 13c	CITY OR TO	WN
MD			Balti	more

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and ic PART I. DEATH WAS CAUSED BY.

4 RACE

Black

76 CITIZEN OF WHAT COUNTRY?

USA

Edward

Baltimore Savage

1701 Eutaw Place

15. MOTHER'S MAIDEN NAME Henrietta

MIDDLE

14 FATHER'S NAME Milton

CERTIFICATION

MEDICAL

- STATE

7a. BIRTHPLACE

COUNTRY

3. SEX

DECEASED NAME LIVE OF PRINTS

Male

B. CITY OR TOWN OF DEATH

Baltimore

٧a

I STATE OR FOREIGN

166 SOCIAL SECURITY NO

17 INFORMANT

ADDRESS

217-05-6133

Ernest Savage 5710 Narcissus Avenue

CARDIO-PUCNONARY Failure

Canditions, if any, which gave rise to immediate couse (0), stoting the

Y DERTENUSION

DUE TO, OR AS A CONSEQUENCE OF

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

28n AUTOPSY

200 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC)

211 LOCATION

STATE

22a. | certify that (1) (this hospital) attended the deceased from. sow the deceased alive an above, (I) (we) (did) (did not view the bady after death

PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) opinion death occurred on the date and how and from the causes stated

230 BURIAL, CREMATION, REMOVAL

Mann D. Bandong M.D.,
N'S NAME (TYPE OR PRINT)

ENSINELLIS B. BANDONG

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1 23b. DATE

WEST BALT COKN. HOALTH CARE 1701 WINT PRATT BALL KD. 212LS

DHMH - 16 60M 7/84 (VRA 15, 4)

ld b

(SPECIFY) Buria

King Memorial Park

23c NAME OF CEMETERY OR CREMATORY

Randallstown

BY REGISTRAR 25% REGISTRAR'S SIGNATURE

Wm. C. March F/H 4300 Wabash Ave.

ADDIE CHARGEPARMENTS FINEIR HYPERTOLISM 6300 Larer Sypties (march)

11-7-85

Beyon D Florders Mis OIL OF SHOT COMES, HORELTS CAPPER BENERALITY & STREET 1701 WELT PRAT BAIT PO. 21268

11/11

329030	1.	FOR STATE REGISTRAR			DEPA		EALTH AND	MENTAL HYG DEATH		G. NO.		
\$ £		00.00	ORGE		A.	SCH	ARF		Novembe		DAY YEAR	26 HOUR 5:00 Am
e 4 may k ctar, page s after dec	3. SE			RACE Whit		5. DATE O	F BIRTH	YEAR 09	6 AGE (IN YEARS LAS		IF UNDER TYEAR	R IF UNDER 24 HRS.
nerol dire		RTHPLACE (STATE OR FOR SOUNTRY) Maryland	EIGN 76	U.S.	WHAT COUNT	RY? 8. MARRIEI WIDOWE	D NEVER	MARRIED V	Baltimore cit	Y OR COUN	NTY OF DEATH	MD
s offer d by the fu iled with]	ty or town of DEATH Baltimore		3216	HOSPITAL, NUF CHEACILITY, GIVE ST Hudson	RSING HOME C REET ADDRESS) Street		NOITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MI Laborer	PATION OST OF WORKING	126. KIND	
filled in nould be t	13a. S	aryland	HOME OR OT	THER INSTITUTION Y	Baltim	OWN	13d. INSIDE (NO 🗌	13e STREET ADDRE 3216 Hud		reet 2	1224
ted within 24 hours oppletely filled in by and 2 should be filled		THER'S NAME FIRST George		DDLE	Schar		F	'S MAIDEN NA/ FIRST rances	MIDD			rphy
be execu	- (VAS DECEASED EVER IN ES, NO OR UNKNOWN) TO		ED FORCES? WAR OR DATES)	216-03		Mrs.	Mary D.	Belagyi,	3216 Balti	Hudson S more, Mo	
rificate b physicio sn papers: emaval.		18 CAUSE OF DEATH PART I. DEATH WAS	Enter only CAUSED	BY:	line for (a), (b)	ioves p	irate	my ar	rest.		APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, NG PHYSICIAN: The low requires that the death certificate be execu- attending physician. After this certificate has been signed by the attending physician and co as the burial-transit permit. Then please remove carban papers. Pages the and Mental Hygiene prior to burial, cremation, ar remaval. and Mental B shows any injury, or after traumatic event, the medical		Conditions, if any, v gave rise to immer cause (a), stating underlying cause	diote the	(b)_	OR AS A CONSE OR AS A CONSE	, fall (for	egdif	fere held	paret	id Corcin	and.
requires to signed Then ple in to burion injury, or	NOI	PART 2 OTHER SIGNIF	ICANT CO	NDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PART 1	(0)
The law in ian. The permit it permit it permit it permit.	CERTIFICATION	19a. DATE OF OPERATIO	N	19b. COND	ITION FOR WH	ICH OPERATIO	WAS PERFO	DRMED	20a AUTOPSY?	IN CER	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH? NO [
SICIAN: 1 ng physic ng physic certficate urial-trans tental Hyg	MEDICAL CEI	2 tg. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	JSE OF DEATH	P	.M. MONTH .M.	DAY YEAR			RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PART 2)	A Selection
DIVISION or attendic or attendic ase as the bu	MED	21d INJURY OCCURRED			OF INJURY REET, FACTORY, OFF	CE, FARM. ETC.)	211. LOCATI		CITY	ORTOWN	COUNTY	STATE
ATTENDI Spital or CTOR: A l for use		22s I certify that () (1) grw the deceased above, (1) (we idid	dive on	10		35 . or) (our) opinion (, to death accurred on th	ne date and l	hour and from the	
TAL OR y the ho RAL DIRE detoched tote Dept		22h SIONATHRE	d	1	al	M.	0'	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	22c DAT	ESIGNED 85
TO HOSPITAL (retoined by the TO FUNERAL (should be deto with the State (IMPORTANT: #		MAF IV	E (TYPE OR P	J.	FAR	SHA -	22e ADDRE	BMC	-BALT	Imov	CE .	
BP	230 8	urial, cremation, re specify) B urial	MOVAL	23b. DATE 11-2	20-85	acned	EMETERY OR Heart	CREMATORY of Jesu	23d LOCATION CITY OR TOW Baltim		Baltimon	re Md.
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	in S. Matthe 3021 East	ews, l	Matthe Ave.	ws Fune Baltimo	ral Hom	21224	25a. DAT	E REC'D. BY REGIST	RAR 25b. REG	ISTRAR'S SIGNA	TURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2n DATE OF DEATH DECEASED NAME 76 HOUR TYPE OR PRINTS 85 ALBERTA 6:49am SCHEUERMAN IF UNDER 1 YEAR 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS Female White March 3, 1907 Ta. BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Raltimore City NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 0. CITY OR TOWN OF DEATH ALL KIND OF BUSINESS OR WDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Housewife St. Agnes Hospital Own Home ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION JOUAL RESIDENCE HENUR 13e.STREET ADDRESS / ZIP CODE 6639 Frederick Road 21228 Maryland Baltimore Catonsville FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Grove Kraft Nettie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 106 DESSOrchard Road LIF YES, GIVE WAR OR DATEST Mrs. Vera Hesse Linthicum, MD. 21090 212-24-9770 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 710. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY OFFICE FARM, ETC) 22a.1 certify that (1) (this hospital) oftended the deceased fram Nov. 22 sow the deceased olive on NOV. 22, above, (I) (we) (did) (did not priew the body after death. and that in (my) (our) apinion death accurred on the date and haur and from the causes stoted DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF M.D DIRECTOR PHYSICIAN MPORTANT 27d PHYSICIAN'S NAME TTYPE OR PRINT 77e ADDRESS 900 5 Caton Ave - Balto VINEY SETYA 23a BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 73d LOCATION Maryland Burial 11/25/85 Loudon Bark Cemetery Baltimore TENTON DIRECTOR Russell C. Witzke Funeral Homes P.A. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE

1630 Edmondson Avenue, Catonsville, MD. 21228

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	REGISTRAR			CERTIF	ICATE OF	DEATH	REG.	NO.				
	CEASED NAME	FIRST	MIDDIE		AST		20 DATE OF DEATH	MONTH	OAY	YEAR	26 HOUR	
{ 17 }	E OR PRINT)	WILLIAM	I	SCHEUE	ERMAN			11	14	85	10:1	.5p
3 SE	Х	4.	RACE	5. DATE C			6. AGE (IN YEARS LAST I	(RTHDAY)	MONIHS	DATS	IF UNDER 24	HRS
	Male		White	9	30	1922	63	YRS		DATS	HOURS	MIN
	IRTHPLACE (STAT	TE OR FOREIGN 76	CITIZEN OF WHAT CO	UNTRY? 8.	NEVER	MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DE	EATH		
	Marylan	nd	U.S.A.	WIDOWE		IVORCED [BALTIMORE	E CITY	7	¥.		MD
10 C	ITY OR TOWN OF	DEATH 11	. NAME OF HOSPITAL,		OR OTHER INS	TITUTION	120 USUAL OCCUPA			KIND O	F BUSINESS	5 OR
E	BALTIMORE	E 1	Loch Rave		ns Ho	spital					alto	Ci
130 5	Md.	NURSING HOME OR OT		or town timore	YES 💢	CITY LIMITS?				St.	212	01
	ATHER'S NAME	MIC		LAST		'S MAIDEN NAI	WIODIE			LAS	1	
	illiam			euerman	Oliv					Web		
	VAS DECEASED E YES NO OR UNKNOW! Yes	(IF YES, GIVE W	VAR OR DATES)	AL SECURITY NO.	Davi		euerman 4				e 21 Ct.	061
	Canditians, if gave rise to cause (a),	Ony, which	DUE TO, OR AS A CO	insequence of	65	Bleed	5			BETWEEN	MATE INTERVA	ATH
NO	PART 2 OTHER	SIGNIFICANT CO	NDITIONS CONTRIBUT				INAL DISEASE OR CO	NDITION G	IVEN IN	PART 110		
CERTIFICATION	19a DATE OF OF	PERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	IN CER			OF DEATH	?
		CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YEAR	21c HOW II	NJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 1	8 PART I OF	RPART 2)	1,50	
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) ottended the decease				, toNOVFMI					

saw the deceased alive an abave, (N/we) (did) (didXX

DEGREE

ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED

Allen Sollomon M.D.

3900 Loch Raven Blvd. BAltimore MD

MPORTANT: If He

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use as the burial-transmirth the State Dept. of Health and Mental Hygin

FUNERAL DIRECTOR.

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BP

m 18

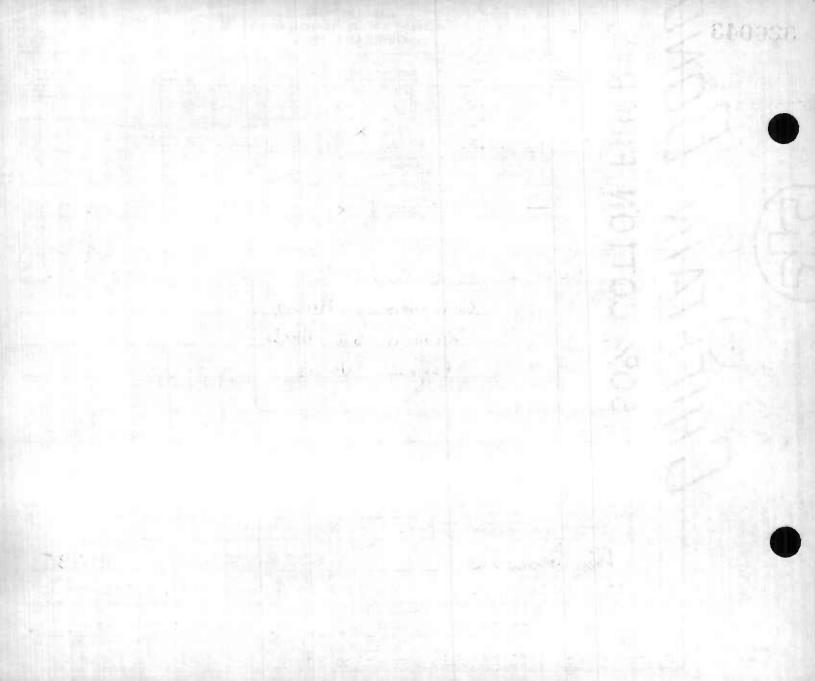
morked or Ite

23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) 85 Westview Mem. Cremation

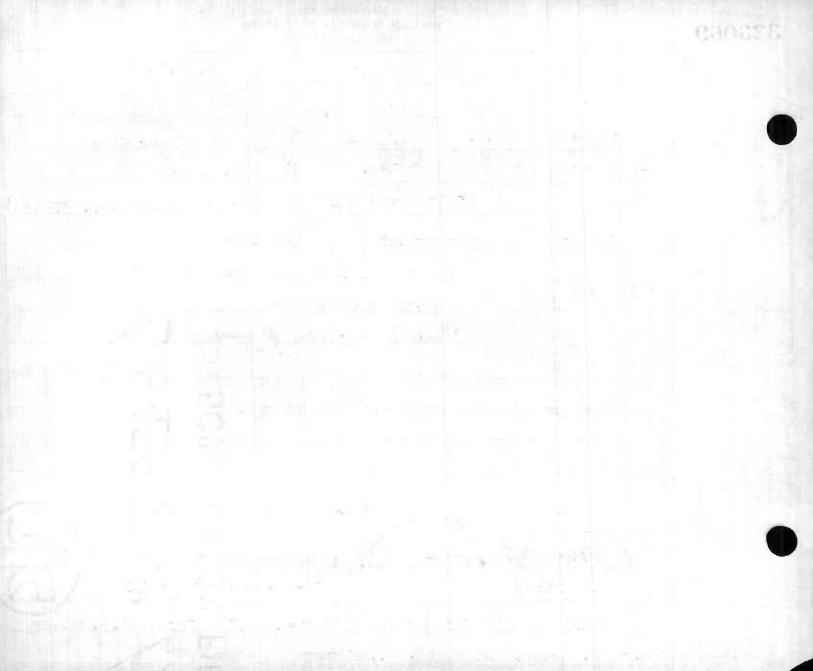
23d LOCATION CITY OR TOWN Catonsville

Balto. Md.

24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 21225 George Gonce 4001 Ritchie Hwy Balto Md



323069	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	1 6. 7 0
poge 3		CEASED NAME FIRST ELEAN	OR AGNES S	SCHISLER	Nov. 6,1985	DAY YEAR 2b. HOUR
ector, po	3 SE	× Female	4.RACE White	June 28, 1900	6 AGE (IN YEARS LAST BIRTHDAY) 85 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
A 22 %		RTHPLACE (STATE OR FOREIGN COUNTR Maryland	76. CITIZEN OF WHAT COUNTR U.S.	MARRIED NEVER MARRIED	Baltimore City or Count	
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AND 22220	13a	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEF		130. STREET ADDRESS 1266 Batters	Ave. (21230
113	14 F.	ATHER'S NAME FIRST To seph	MIDDLE LAST CO C nav.	itch 15. MOTHER'S MAIDEN NA	dora I	Bothe LAST
mont co		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	art, same as]	13e
ston st., BAL tenth certificate tenting physics er corbon paper on, or removal unicitic event, th		PART I. DE ATH WAS CAUSE	oly one cause per line for (a), (b), D BY: TE CAUSE (a) DUE TO, OR AS (10) (SEC	re Pulmonale	Juluonan dicies	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W, PRESTON STING PHYSICIAN: The law requires that the death certificate has been igned by the attending as the buriol-transit permit. Then please retimes corbot th and Mental Hygiene price to be used or them 18 shows any injury, as other traumatics orked or them.	-	gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
he low rational has been been premit The energy mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\bigcap \) NO \(\bigcap \)
SICIAN: The ng physicia certificate herial-transit pental Hygies them 18 share		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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ATTENDI spital or CTOR: A far use far use of Heal			attended the deceased from	0	death occurred on the date and ho	
TAL OR Ay the hory the horderched detached tote Dept.		276 SIGNATURE MUNT	nfrien		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 11/7/85
TO HOSPITAL retoined by the TO FUNERAL should be detoined to with the Store IMPORTANT. If		Morton Krie	Jet .		monds Lane (2	1225)
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.	Glen Burnie	, A. A. Co., MD
DHMH - 16 50M 4/82 (VRA 15, 4)		eorge J. Gono	e, 4001 Ritchi	e Hg., Baltimore 1 1	TE REC'D. BY REGISTRAR 255 REGIS	TRANSTIGNATURE



Items # 5,17 G 609 11/29/85 CW STATE OF MARYLAND

1 - STATE

REGISTRAR

331109

(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

NO T

STATE

STATE OF MARYLAND

T. DECEASED NAME FIRST MIDDLE LAST 76. DATE OF DEATH MONTH DAY YEAR 75. HOUR SCH LOSS 76. DATE OF DEATH MONTH DAY YEAR 75. HOUR 76. DATE OF DEATH MONTH DAY YEAR 75. HOUR 76. DATE OF DEATH MONTH DAY YEAR 76. DATE OF		1 -	STATE REGISTRAR			DE	PARTMENT OF	IFICATE (ND MENTAL	LHYGIEN					
SEX MALE RACE SOATE OF BRTH MACHINE SOATE OF BRTH MACHINE	1		EASED NAME	FIRST	A	AIDDLE		LAST		20			H DAY	YEAR	26. HOUR
SEX HALE SACE S	ı	(TYPE	OR PRINT)	VARI		M.		SCHL	055			- 11	28	85	10:30m
B BIRTHALE	ı	3 SEX				,				6	AGE (IN YEARS	LAST BIRTHDAY)		DER 1 YEAR	
18 SATIMORE CITY OF COUNTY OF DEATH COUNTRY 18 MARRED NEVER	1		MALE	1	WHI	TE					9	3		DAYS	HOURS MIN.
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TEST						BALT	MORE	_			OI NA	CHA	PELS	T,	2/205
16 CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c) PART 1 DEATH WAS CAUSE BY AS ACONSEOUENCE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 196 CONDITION FOR WHICH OPERA	ı	14. FA		м	IDDLE	U	AST	15 MOTI	EIRST &			IDDIE		ĮAS	T .
TENDER DEATH ENTER ONLY MORE AND REAL PROPERTY OF CONTRIBUTION								17 5/50		MAR	HE -	ADDRESS			
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)	١		ES. NO OR UNKNOWN)		WAR OR DATES)			NA INFO	Q LL		100		01.51	01-	2120>
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DHMH - 16 50M 4/83 (VRA 15, 4)

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DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

6500 York Rd. Mitchell-Wiedefeld Home. Inc. Balto., Md.21212 Baltimore Co.

25a. DATE REC'D. BY REGISTRAR 25b REGISTRARE SERVICE

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

Hebrew Memorial Fitinc-1100 Resterstown Rd.

STATE OF MARYLAND

Schrenker, III

5. DATE OF BIRTH MONTH

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

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YES A

15 MOTHER'S MAIDE

Virginia

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20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
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(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
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21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21f LOCATION

ATTENDING

21¢ HOW INJURY OF

jour) opinion death occurred on the date and hour and from the causes stated

CITY OF TOWN

STATE

PHYSICIAN 22e ADDRESS

and that in my

23c NAME OF CEMETERY OR CREMATORY

Gardens of Faith

DEGREE

MEDICAL DIRECTOR PHYSICIAN

COUNTY

23a BURIAL, CREMATION, REMOVAL (SPECIBurial BP.

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc., 5305 Harford Rd.

236 DATE

11-14-85

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Balto., Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE

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fer d	3 SE		4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR MONTHS BAYS	IF UNDER 24
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DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR	ADDRES	21208 250 DE	TE REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNAT	UPE

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	H. IF ANY DELAY IS NECESSARY, PLEASE 1, 2, AND 31 OTHE FUNERAL DIRECTOR. 2, RETAIN PAGE 5 FOR YOUR FILES. 2, SHOULD BE FILED, WITHIN 72 HOURS. 3, ALORED BE FILED, WITHIN 72 HOURS. 3, ALRECORDS, 201 W. PRESTON STREET,	Ba	ltimore		Mercy I	Hospii	tal				Home			Home
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)		arita A.				ADDRESS_					
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dor po	3 58	× F	RACE	5. DATE OF BIRTH MONTH DAY YEAR Y 73 33	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
The BA	70 B	RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COLL	NTY OF DEATH
17	19 6		I. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
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d - the	7	ATHER'S NAME	DDLE LAST	15 MOTHER'S MAIDEN N	AME	Gardner
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P	23a. 6	BURIAL, CREMATION, REMOVAL	23b. DATE 11-21-85 23c	NAME OF CEMETERY OR CREMATORY	M GROWN BU	CINE AA SIAM
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	UNERAL DIRECTOR NAME PARRANCO FUNER	PL HOME SEVERA		NOV 355	SISTRAPS SIGNATURE PONDARS

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			FOR		DEPARTM		OF MARTLA	AND MENTAL HYG	IENES =	,	5	3	UY
		1 -	STATE REGISTRAR				CATE OF D			REG. NO.			
31716	2		CEASED NAME FIRST	MID	DLE	L	AST		20. DATE OF			AY YEAR	26. HOUR
page 3	V	1,	Rae			50	numan			1	11 4	85	6:00
. po		3. SE		4 RACE		5. DATE C	FBIRTH		6. AGE TIN YE	ARS LAST BIRTHD		IF UNDER 1 YEAR	IF UNDER 24 HR
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e de att			Conditions, if any, which gave rise to immediate	(b)	Cange	stive	reart	Fail	ماح			_	
the rem			cause (a), stating the underlying cause last.	DUE TO, OR A	S A CONSEQUE	NCE OF							
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he la an. has I perr ene p	6	FEC								1	IN CERTIFY	ING CAUSES	OF DEATH?
F 2 5 2 4.		ERT	716 ACCIDENT WAS UNDERLYING	216. TIME OF II	NJURY		21r HOW IN	JURY OCCUPI	YES	NO DE INJURIEN I	YES		но 🗌
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NDIN I ar a Use as tealth			22a. I certify that (1) (this hasp	oital) attended the d	leceased from_	0	30	_, 19_ 85	, to	119		985	that (I) (we) I
TOR TOR			saw the deceased alive a	1113		85 an	d that in (my)	(our) opinion	death occurred	on the date	and hour	and from the	causes stated
haspita haspita DIRECTOR thed far lept. af H			obove, (I) (we) (did) (did n	ot) view the body att	er deoth.		EGREE	_				22c. DATE	
0 0 0 0 0			0 - 1	1.			- O A	TTENDING _	MEDICAL	STAFF		1	**
4 . 4 T			cruc'h	Jemes	_		10	PHYSICIAN L	DIRECTOR] PHYSICIA	NE	17/4	182
HOSPI ined b	1		22d. PHYSICIAN'S NAME (TYPE		C WEINER	R,M.D.	22e. ADDRES	S	do-		8		
etained by TO FUNERA shauld be de with the Stat			(Dr. Ray	Caplan)			2	NA/	14/15/	O . Y	5AU	8, was	
Sha Sha		23a. B	URIAL CREMATION, REMOVA		23c N	AME OF CI	METERY OR O	CREMATORY	23d. LOCAT				
BP		(urial, cremation, remova specify) BURIAL	NOV.5,1	985 MD	FREE	STATE	POST 1	67 JWV	ROSE	DALE	CPALTO	· MD TE
br	-	24 EI	INERAL DIRECTOR SOT										
DHMH - 16 50M 4/83			NAME	LEVINSON	ADDRESS				E REC'D. BY RE	122			
(VRA 15, 4)		60	10 REISTERSTOW	N RD. BA	LTO. MI	212	215	MAN	0 8 10	95	1 100	S. Same Bay	Staber

THE STATE OF THE S

by the funeral director, page 3 filed within 72 hours ofter death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 - STATE

STATE OF MARYLAND

DEP

ARTMENT OF HEALTH AND MENTAL HYGIENE	2
CERTIFICATE OF DEATH	DEC NO

	REGISTRAR				REG. NO.	
	CEASED NAME EIRST	MIDDLE		LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
(ITP	e or print) Helen	Mary		Schwarzkopf	11-14-80	8 AM
3. SE	X	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS UATS HOURS MIN.
	Female	White	5 MONT	28 04	81	YRS.
7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
M	aryland	U.S.A.	WIDOW		Baltimore	City MD.
10 C	ITY OR TOWN OF DEATH	Jeyner 15 Men	TOPH THE THE	OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
	Baltimore	1000 S. Cate	on 21219		Secretary	Balto. City
13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	TY 13c. CITY (inore imore	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP 67 Oaklee Vi	
	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	
	Alexander		inson	Margaret	MIDD1E	Schmidt
	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATEST	AL SECURITY NO.	17 INFORMANT	ADDRESS	21229
	NO	214-	18-2298	L. Thomas Sc	hwarzkopf 115	Mallow Hill Rd.
CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C			T NOT RELATED TO THE TERM	200 AUTOPSY? 200	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
E	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121/ HOW IN HIPV OCCUPI	YES NO RED (ENTER NATURE OF INJURY IN I	YES NO
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MON	ITH DAY YEAR		TENTER NATURE OF PRODE	TEM TO FRANT I ON FRANT EX
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)		211 LOCATION STREET	CTTY OR TOWN	COUNTY STATE
	22n.1 certify that (i) (this hospit saw the discept a airy on above, (i) (was aidd) (as no	oil) attended the decorated	_19	and that in (my) (our) opinion	deoth occurred on the dote o	, that (I) (we) lost and hour and from the causes stated
	77h SIGNATUR	gn		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	22d. FHY PEOD	SE IT	1801	22e ADDRESS	Widxn	ers. Dre- 15
23a	BURIAL, CREMATION, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	Burial	11/18/85	Parkwoo	od Cemetery	Baltimore	Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

OR ATTENDING

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR 21229 ADDRESS 21229 4107 Wilkens Ave Hubbard Funeral Home, Inc.

250 DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

319158	2	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
700	3		CEASED NAME FIRST OR PRINT) ETHEL	WIDDLE	50	OTT	20 DATE OF DEATH MONTH	5 1985 5 AM
Poge 4 may be director, page 3 hours after death		3. SE	EMALE	BLACK	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
rol 72	of once.		RTHPLACE (STATE OR FOREIGN OWNTRY) CHOCKEN	76. CITIZEN OF WHAT COUN	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COU	
s after o	/ / /	BA	KTIMORS	11. NAME OF HOSPITAL, NU FLANCIS SCO	TT CE	MED CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Unemployed	12b. KIND OF BUSINESS OR INDUSTRY
24 haur filled in auld be f	S pe	7	TATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE NITY 13c. CITY OR	BEFORE ADMISSION) TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	HEST, 21224
	C. Coming	-	THER'S NAME FIRST ALBERT	MIDDLE LAS'	Υ	Launne	WIDDLE	ADGER
	e medica		/AS DECEASED EVER IN U.S. AI es, no grunknown) (IF yes, Gi NO	VE WAR OR DATES)	SECURITY NO. 26 7053	17. INFORMANT ALONZA SCOTT	ADDRESS 2745 Maryland	Ave. 21218
rtificate g physician an paper emaval.	event, the		PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b ED BY: TE CAUSE (a) COVA		nonary ar	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	traumatic		Canditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF	1 1.	ma	6 months
. t t = = =	other		gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF					
signe signe hen pl	injury, ar	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 110
n. as becomin	Shaws only	CERTIFICATION	10 4 85	arge hu	we ob	structum	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
physical right	Item 18 s		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER MATURE OF INJURY IN ITEM	N 18 PART I OR PART 2)
G PH offender this s the b	marked ar I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
A P C S C C C C C C C C C C C C C C C C C	21 is		22a. I certify that (I) (this hosp sow the deceased alive or above, (I) (ma) (did) (d	11/5		nd that in (my) (our) opinion		, 19 55 , that (I) (we) lost haur and from the causes stated
OR ho	T: If Item		226. Chard)	unkel mo		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
HOSPI ined b FUNE vild be th the S	PORTAN		DAVIO	TUNKEL	3	FRANCIS S		NED CENTER
BP		23a. 8	URIAL, CREMATION, REMOVAL BURIAL	23b. DATE 11-12-85		EMETERY OR CREMATORY ONFOREST VA	23d LOCATION CITY OR TOWN OWINGS MILI	COUNTY STATE
DHMH - 16 50M 4/ (VRA 15, 4)	/82	24. FU	W.C. MARCH F/H	CO. 1101 E.	NORTH A	1101	E REC'D. BY REGISTRAR 35 REC	GISPRAR'S SIGNATURE

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ACCU STATE IN IT

11170	1.	FOR 11-7-85 D. STATE REGISTRAR	W. DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.				
		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR			
oy be	(TYP	ORPRINT)	DIA	SCOTT	November 2	1985 5:44ph			
moy page	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
ge 4	F	EMALE	BLACK	01-15-14	7/ YRS	MUNITS DATS HOURS MIN.			
once.	70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH			
in 72 in 72	115	· CAROLINA	USA	WIDOWED DIVORCED	BALTIMORE CI	TY M			
he fu	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OF			
In No.	7	BALTIMORE	UNION MEMOR	IAL HOSPITAL					
4 hour		AL RESIDENCE (IF NURSING HOME OF	NTY 13, CITY OF T	OWN	13e.STREET ADDRESS / ZIP CODE				
fille hould	-m	AKYLAND -	BACT	MORE YES NO	5508 BELL AVE	21207			
115-1	14. F.	THER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA	MIDDLE	1 LAST			
	K	ING WAVE	D WELLO	11111/C/F	ADDRESS	HUD			
理事 章		YES NO OR UNKNOWN) (IF YES GI	RMED FORCES? [16b. SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRESS				
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hysici pape pape paval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for iai, (b)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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e death mave co nation, o traumat		Conditions, if any, which gave rise to immediate	(1b) 13	cain Stem St	roke				
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gned by to please burial, cra			((c)						
signe plant be but to but sijury.	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1ra			
- ree	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES	S, WERE FINDINGS USED			
8 9 9 8	FF					YING CAUSES OF DEATH?			
T in in ite	ERI	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM IB I				
		OR CONTRIBUTING CAUSE OF DE		DAY YEAR					
A M P	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e. PLACE OF INJURY	211. LOCATION					
+ . + 5 0	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC) STREET	acity or town	COUNTY STATE			
or at or at t After use as ealth			oital) attended the deceased fro	im Oct 23 1985	to Nov. A	1985 , that (1) (we) la			
THE OFFICE		saw the deceased alive ai	Nov. a	9_85_, and that in (my) (our) opinion	death occurred an the date and hau				
DIRECT Sched fo Dept. o		22b. SIGNATURE	at) view the bady after death.	DEGREE	2>	22c. DATE SIGNED			
Yate has the had the has the h		L.	Plate &	ATTENDING	MEDICAL STAFF				
by by by State	+	22d. PHYSICIAN'S NAME THE	OVPRINT)	22e ADDRESS	D DIRECTOR D THI SICIAIN D				
TO HOSPITAL retained by the TO FUNERAL should be deto with the State [IMPORTANT: If		11)	ohn P. Serlemit	1505 Maina Mens	orial Hospital, B	altimore MA			
TO HOS	230	BURIAL, CREMATION, REMOVAL		3c. NAME OF CEMETERY OR CREMATORY	123d. LOCATION	0,0			
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DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE			

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STATE OF MARYLAND

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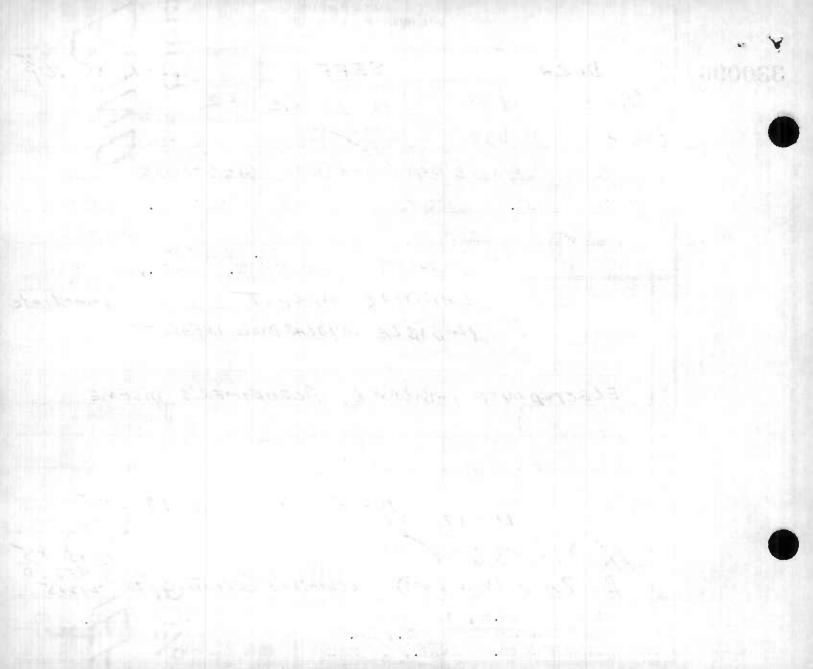
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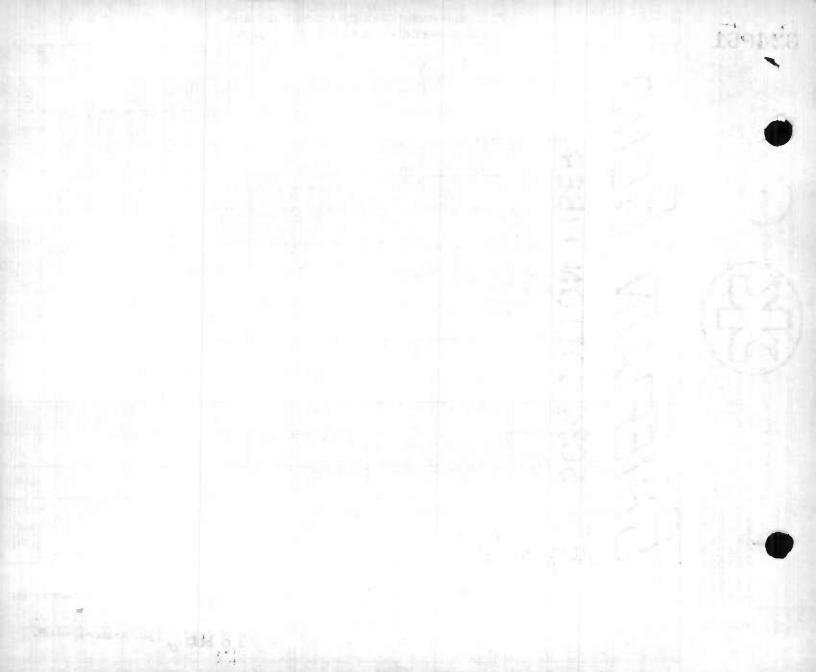
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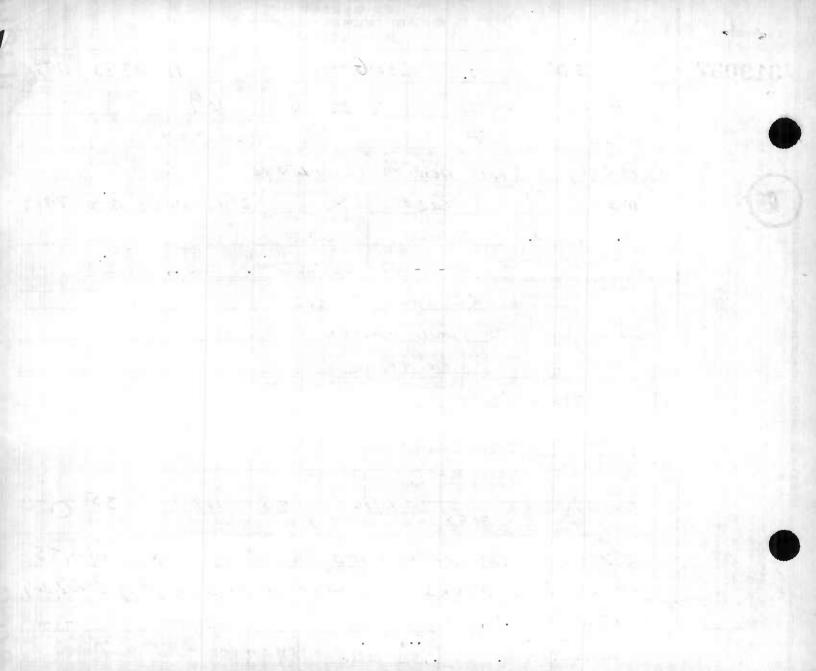
٧.	1	FOR STATE REGISTRAR	DI	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE B S	3 1 o.	3 ! 4	
330096		CEASED NAME FIRST DORA	WIDDLE	5	EFF	20. DATE OF DEATH	MONTH OAY	YEAR 26 HOUR 35 10 PM	-
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1 11 90	1	BALTIMORE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GF	EBREW CE	NER & HOSP	120 UHOUSENT	CON 12 FLORKING HE IN	NE KIND OF BUSINESS OR NOUSTRY AT HOME	ľ
TO THE STATE OF TH	13a.		JNTY 13c. CITY C	CE BEFORE ADMISSION) OR TOWN IMORE	13d INSIDE CITY LIMITS? YES NO 💢	13e.STREET ADDRESS 5 HALCYON		#21208	
1 10	1	ATHER'S NAME PERST BENJAMIN	ERLICH	AST	15. MOTHER'S MAIDEN N FIRST MINNIE	WIDDIE		TLIEB	
TIMORE Dr. sad o L. Poges		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G NO	RMED FORCES? 166. SOCIA	4-6619	17 INFORMANT D	R. DAVID SEN N CT. BAJ	行 TO., MD	21208	
ST., BAL intificate on paysics on paper emoval.	13	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one cause per line for (a), SED BY: ATE CAUSE (o)	RDIA (ARRE!	87		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINICAL I AT	2
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DIVISION OF VITAL RECORDS, 20 NG PHYSICIAN. The low requires th otherwing physician. When this certificiae has been lagged on the bursicinants geoms. Then ple th and Membil Hygiens prior to bursic arked or them 18 shows day injury, or	CERTIFICATION	ELECTO 19a DATE OF OPERATION	196 CONDITION FOR	BALANC		200 AUTOPSY?	DISE/		_
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DIVIS PROPAGE P of or other one of the Health one	×	NOT WHILE AT WORK 220.1 certify that (I) (this hasp		from 10.	5 , 19.85	CITY OR TO	17.19_	STATE STATE STATE	1
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O HOSPIT remed by O FUNES hould be a wPOSTAN			w-Win,	NI)	LEVINDA/E	GERIATRI	CGR	BALTO MD 2/2/5	
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DHMH - 16 50M 4/83 (VRA 15 4)		UNERAL DIRECTOR SU 010 REISTERSTO	L'LEVINSON &	BRUS., II		TE REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	



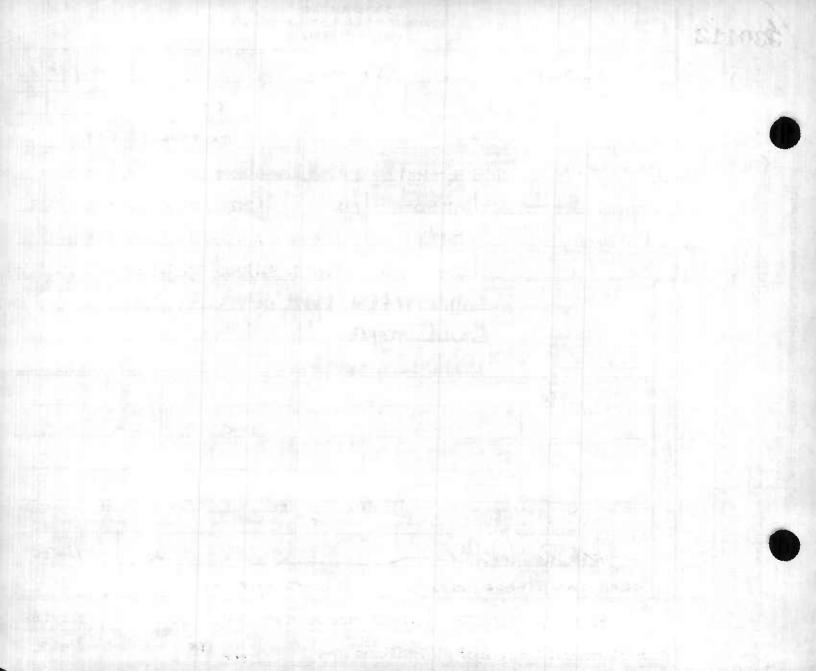
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,			CEASED NAME E OR PRINT)		EDUE	N 1	WIDDLE	SELB	LAST			OF ESTI-	D XX 11-		26 HOUR
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2	A FILE		1		MON		YEAR LAST BIRTH	DAY) MONTH		HOURS 1	MIN PRO	DATE	11_	-13-85	7:04F
S. S.	10 NO / 4	Ma	TE RTHPLACE (ST.	Caucasi		11/7/51	AT COUNTRY?	Tall			0.0	DEAD ALTIMORE C		INTY OF DEATH	17.07%
(1)	SOE W	FO	REIGN COUNTRY)	n, D.C.		.S.A.	AT COULTRY:	MARR	IED NEV	/ER MARRIED	XX				
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(E)	2984Z	USUA	L RESIDENCE (IF IN NURSING HOM		INSTITUTION, GIVI	E RESIDENCE BEFORE ADMIS	SION)						9th St.	
1.33	神道語の		ryland	138 COC	INIT		Baltimore	City	13d. INSIDE CIT	NO []	Baltim	ore, M	larylar	nd 21218	3
X	25.5	14. FA	THER'S NAME		MIDDL	6	LAST			R'S MAIDEN		MIDDLE		LAST	
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¥ 0	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. ABALTIMORE, MARYLAND, 2	10.	(TYPE OR PRIN	IT)Mã			Korell,M.		ADDRESS 1						
	1241	230.B	SPECIFY)	ion, REMOVAL		16/85	23c. NAME OF CI Westvie				23d LOCAT	sville	Rali	timore N	D.
07/84 BI 25M		24. FI	INERAL DIRECT	I O P						50. DATE RE				dignality of	
	DHMH - 17 ! A15 ME (5))		NAME LOTI	ng Byer	s Fu	neradessI	Directors, 1stown, MD	Inc.		IVUV	J BREE	Stop of	Section banks	A Char	
fair	10//	C	1/20 LIL	erry Ko	au	Nallual.	ISLOWII, MD	. 41	133						



14	,	1	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 5 3	3 1 6
319	Q 67		CEASED NAME FIRST	J. 4. RACE	SELIGMAN 5. DATE OF BIRTH 29 MONTH BAY YEAR	20 DATE OF DEATH MONTH // O 6 AGE (INYEARS LAST BIRTHDAY)	DAY YEAR 2h HOUR 1 YEAR 1F UNDER 24 HRS
4 4 E	offer offer	3. 30	FEMALE	W HITE	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
	10 to	7a. 8	IRTHPLACE ISTATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	DALTO. CITY	MD.
	1/2	1	Salt City	SIMA HO.	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) SPIME OF BAATT	HOUSEWIE	FE AT HOME
	bould be	130	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE INTY		2914 TANEY	APT. 2B ROAD Z1209
	and Z	14. F	ATHER'S NAME FIRST .	B. JACOB	SON SOPHIE	MIDDLE	COHEN
To an a	Pages Pages medical		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	SECURITY NO. 17. INFORMANT 8-9242 2916 TANE	DR. LEON SELTGMAN Y RD. BALTO., MD	APT. 2B 21209
certificate b	anpaper emovol. event, the			only one couse per line for (a), (b) ED BY: ATE CAUSE (a) RESPI	RYSTRY FAILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the death	n signed by the aftending. Then please remove carba to burial, cremation, or re injury, or other traumatic e	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G CANCEX BEOUENCE OF CONTAGE	TERMINAL DISEASE OR CONDITION GIV	EN IN PART 110
o o o	nsit permit. Ti	CERTIFICATION	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED		S, WERE FINDINGS USED PYING CAUSES OF DEATH? S NO
PHYSICIAN: The	buriol-tra Mental H or Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	1 DAY YEAR 19 211 LOCATION	CCURRED (ENTER NATURE OF INJURY IN ITEM 18. F	COUNTY STATE
A A A	ORECTOR: Attracted for use as Dept. of Health Item 21 is mort		22a.l certify that (I) (this has saw the deceased dive a above, (I) (we) did Thid r	(a) view the body after death.	DEGREE ATTENDI	inion death accurred on the date and hou	19
O HOSPITAL	should be deta with the State [274 PHYSICIAN'S NAME (1996 LAWRENCE	ORPRINT) B. MARK	220. ADDRESS 6014A	Greenmeadon Ph	us Boldring
BP_	- " > >	23a.	BURIAL, CREMATION, REMOVA (SPECKY) BURIAL	NOV.11,1985	23c. NAME OF CEMETERY OF CREMAT BETH TFILOH	BALTIMORE	MARYLAND
	6 50M 4/83 15, 4)		UNERAL DIRECTOR SOL	LEVINSON & BR	OS., INC.	DATE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE



330112	1.	FOR STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND BEALTH AND MEN FICATE OF DEA	TAL HYGIE	NE 5 S	3	3 1 /
		CEASED NAME FIRST	MIDDLE		LAST	2	O. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
be 3 eoth	1111	OR PRINT) RUDOI	LPH LEON	ARD	SELLMAN			11 20	85 158A
a po	3. SE		4 RACE	5. DATE	OF BIRTH		AGE (IN YEARS LAST BIRTI	MONTHS	
* 000		Male_	White	MONT 9	DAY 5	VEAR O1	.84	YRS.	DATS HOURS MIN
2 52 6		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8.	D NEVER MARI	PIED 7	BALTIMORE CITY OF		ATH
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Q 11 1		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUT		20 USUAL OCCUPATION		KIND OF BUSINESS C
No The State		SATTMORE	Sinai Hos				Meat Pack		eat Plant
Van ta		AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE	CE BEFORE ADMISSION)	13d. INSIDE CITY L	IMITS?	3e.STREET ADDRESS /		
10001111 100		aryland		imore			2429 Chris		eet 21223
建设工		ATHER'S NAME		AST	15. MOTHER'S MA	AIDEN NAME			[AS]
2 21 700		Unknown		lman	FIRST		NOWN		LASI
d to		VAS DECEASED EVER IN U.S. AI		AL SECURITY NO.	17. INFORMANT		ADDRE	S	
1 25 1/		NO NO OR UNKNOWN) (IF YES, GI	The second second	09-9656	Walter (C. Sel	lman, Sr.	106 Herbe	ert Ct. 21
\$ 95 4		IN CAUSE OF DEATH (Enter o	nly ane cause per line far (a),	(b), and (c).)				В.	APPROXIMATE INTERVAL
the state of the s		PART I. DEATH WAS CAUSI		CHF					
res that the please rem burial, crema y, or other th		gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON		NOT RELATED TO	THE TERMIN	IAL DISEASE OR COND	DITION GIVEN IN F	PART Ita
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ows only	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	N WAS PERFORME	D	280 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O YES 🔼	FINDINGS USED CAUSES OF DEATH?
The state of the s	1 5	210. ACCIDENT WAS UNDERLYING		TH DAY YEAR	21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJUR	IN ITEM IB PART I OR	PART 2)
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2 0 4 8 9 E		220 I certify that (I) (this hasp		from	7/5 .1	9 55	. to 11/20	, 19_5	, that (I) (ve) la
2 pt 12		sow the deceased alive or above. (1) (we) (did) (did no	at) view the body after death	19_85, 0	nd that in (my laur	Depinion de	ath occurred on the da	te and hour and fr	om the couses stated
OR A DIREC		22b. SIGNATURE	100		DEGREE				. DATE SIGNED
A September 1		South X	on woll		ATTE PHY:	NDING SICIAN	MEDICAL STAF	IANA	11/20/85
THE PERSON		226 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS				
HOSE FUNE PORTA		SETH IAN I	WEBER MC		C/0 53N1	AI HU	SIETAL		
51 5713-	23a.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREA	MATORY	23d. LOCATION		
BP		(SPECIFY) Burial	11/23/85		Park Cem		Baltimore	COUNT	Maryl'ah
	24 F	UNERAL DIRECTOR			1229	_	REC'D. BY REGISTRAR	ShyREGISTRAR'S	GIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	H	bbard Funeral	Home, Inc. 41	07 Wilke	ns Ave.	NOV	22 1985	Greka David	con-Hamsless

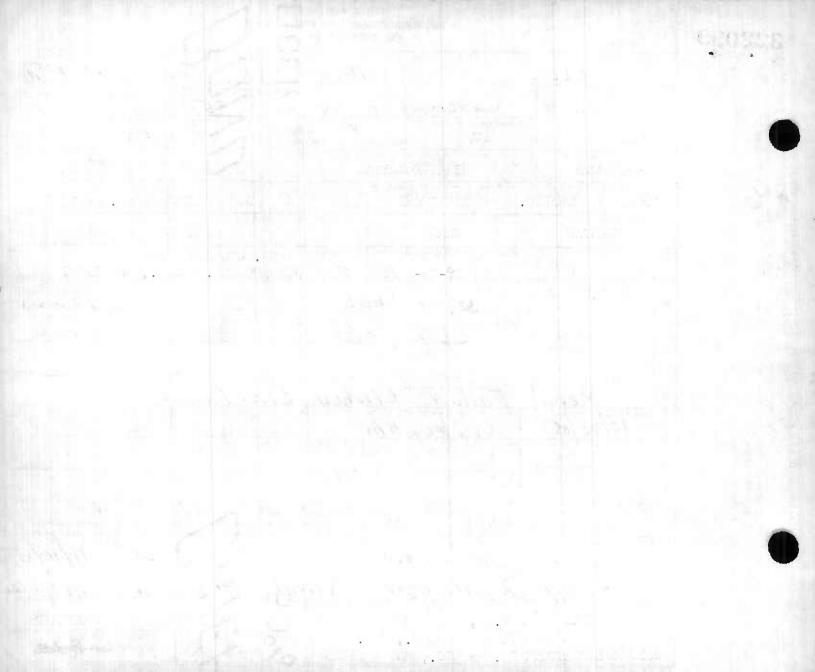


	1.	FOR STATE	DEP	ARTMENT OF HE	DF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	SIENE 8 5	3 1	3 1 8
336071		REGISTRAR CEASED NAME FIRST CORPRINT)	J ₀	Sels	KU	la de la constante de la const	NONTH DAY Y	5 1035PM
Poge 4 mc director. p hours after	7a B	Female (D. CITIZEN OF WHAT COUN	S. DATE OF MONTH TRY? 8	26 48	6. AGE (IN YEARS LAST BIRTH 3 9. BALTIMORE CITY OR	YRS	DAYS HOURS MIN.
ther deoth.	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU	WIDOWED JRSING HOME OR STREET ADDRESS)		Baltoc 12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDU	
Illed in by and a second and a	136.	AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE	more	36 INSIDE CITY LIMITS? YES NO 🗌	3466	SECRETARY ZIP CODE RO	Y HOSPITAL
cute with	160	VAS DECEASED EVER IN S. ARM	ED FORCES? TIES SOCIAL	4	5. MOTHER'S MAIDEN NA.	ME MIDDLE IRS. ARLENERE	OFEN	stin
rificate be exect physician and can property. Page emovol.		YES NO OR UNKNOWN) (IF YES, GIVE Y NO 18 CAUSE OF DEATH 'Enter only PART 1. DEATH WAS CAUSED	one cause per line for (a), (b	5-3199	3309 FALLST		LTO., MD	21215 UPPROXIMATE INTERVAL WEEN ONSET AND DEATH
equires that the death ce signed by the attending Then please remove corb to buriol, cremotion, or r njury, or ather traumatic.	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (b) OR AS A CONS (c) HOCK	EOUENCE OF	SIS OT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PA	RT Ira
The law racion. e has been sit permit. giene prior	CERTIFICATION	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WI			YES NO	206. IF YES, WERE F IN CERTIFYING CA YES [NO [
DING PHYSICIAN. or attending phys After this certifica- te as the Buriol-troi olth and Memol Hy morked or tem 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOTIFY MORE AT WORK 220.1 certify that (1) (this haspita sow the deceosed alive an annual control of the control of t	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 FICE FARM ETC)	211. LOCATION STREET 19. 35 that in (my) (aur) apinion	CITY OR TOW	N COUN	State 5, that (I) (we) last
TO HOSPITAL OR ATTEN retained by the hospital TO FUNERAL INTECTOR should be detached for us with the State Dept. of the IMPORTANT: If them 21 is		above, (I) (we) (did) (did not) 27b. SIGNATURE YYVYV 12d. PHISTILL NAME (TYPE OR)	Ama no		ATTENDING PHYSICIAN COMMENTS	MEDICAL STAFF	AND I	Z3/85 BALTO., MD
BP		SURIAL, CREMATION, REMOVAL SPECIFY BURIAL	NOV.25,1985	RODFE		23d. LOCATION CITY OF LOWER BALTIN		MARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR SOL LE 010 REISTERSTOWN	VINSON & BROS	S., INC.	21 21 5	OV 27 965	Sh REGISTRAR'S SI	SNA

History I Stately 11 5385 10356 140588 Formale Coucasian 2 20 48 37 LAD South X. ACL DRIVE! Bythor Wilesin of Haybel Core-co-e MD Below Ulbothmore & Brow Deer Road Month System Eng cueratury - orbitation that tasks kadsmaphit Cardida sepsio Hodisin's disease THE ST 123 EST TO SEED X SE CO SECURIO X 1/23/85

36010	1	FOR - STATE REGISTRAR	DEP	ARTMENT OF	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.					
oge 3 deoth		CEASED NAME FIRST E OR PRINT] WALTER	LEO	SEXTO	AST	20. DATE OF DEATH	MONTH DAY YEA			
nge 4 may	3. SE	Male	4. RACE White	5. DATE O		6 AGE (IN YEARS LAST BIR	YRS.	AYS HOURS MIN.		
deoth. Po	N	IRTHPLACE (STATE OR FOREIGH COUNTRY) Maryland	76. CITIZEN OF WHAT COUN	MARRIE		BALTIMORE		MD		
by the filled with	B	ALTIMORE CITY	NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE St. Agnes H	ospital	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Sheet Meta	F WORKING LIFE) INDUS	of Business or TRY U.S. Co		
hou hou	13a.	ATHER'S NAME	timore Arbu	TOWN	13d INSIDE CITY LIMITS? YES NO X	IAME	shburne Road 21227			
1/1 /20	1	Dennis	Sexton		Amei]			vilson		
Po Po		WAS DECEASED EVER IN U.S. A LYES, NO OR UNKNOWN) (1F YES, G	IVE WAR OR DATES)	0-2988	Walter L. S	Sexton, Jr. 6	East, Seve			
hat the death certificate by the attending physici ase remove carbonpoper I, cremation, ar removal. other traumotic event, th		Conditions, if ony, which gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONS	SEQUENCE OF R	eccuit 8	hock M. I ut disea	- 1	PROXIMATE INTERVAL HEEN ONSET AND DEATH		
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SPITAL OR ATTENDING of by the hospital or a the hospital or a the Breat DIRECTOR: After the Breat DIRECTOR of the the State Dept. of Health RTANT: If them 21 is most		22a. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did not a second alive). 22b. SIGNATURE	ontol) oftended the deceased for the property of the body ofter death. OR PROMITE MMY SUE	19_87 , 0	DEGREE ATTENDING PHYSICIAN The Appress The	MEDICAL STA	22c. D	ATE SIGNED		
Bb To Fig. with the Property of Property o		BURIAL, CREMATION, REMOVA (SPECIFY) Burial			EMETERY OR CREMATORY	Elkridge		Maryland		
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR SUBBARD Funeral	Home, Inc. 41	07 Wilke		AT SEVID STEDISTRAR	256, REGISTRAR'S SIG	NATURE		

322099	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	1 3 2 0
4 may be or page 3 other death		CEASED NAME FRST ORPRINT) ELUIS MALE	4 RACE	MIDDLE	5. DATE O	DAY YEAR	20 DATE OF DEATH MONTH NOV 6. AGE (INYEARS LAST BIRTHDAY) YRS.	DAY YEAR 2b, HOUR 7 3 MM IF UNDER 1 YEAR IF UNDER 23 HRS. MONTHS DAYS HOURS MIN.
death Page three of direct thin 72 houn	RƯ	RTHPLACE (STATE OR FOREIGN SSTA	76. CITIZEN OF	WHAT COUNTRY?	WIDOWE	NEVER MARRIED DIVORCED ROTHER INSTITUTION	9. BALTIMORE CITY OR COUNT BALTIMORE C	ITY MD.
1201 nu by the se filed w	1	BALTIMORE AL RESIDENCE (IF NURSING HOME OR	(# NOT IN SU	SINAI H	ĴŜPĨTA		MERCHANT	RETAIL
within Gours within Gours pletely filed in by ad 2 should be fill omin made in	13a M	ARYLAND BALT	ъ.	BALTTMO)		13d INSIDE CITY LIMITS? YES NO NO	35000 PACEBROOK	^{DE} CT. #21207
MARYL mpletely ond 2 s	74. FA	THER'S NAME TONKNOWN	MIDDLE	SHACH		15. MOTHER'S MAIDEN NA FIRST	UNKNOWN	LAST
BALTMORE,	1	VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? (E WAR OR DATES)	219-28-9			LILLIAN SHACH	MD 21207
ST., BALT		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	ily one couse pe D BY: IE CAUSE (o)	se ptic	She	ock		approximate interval BETWEEN ONSET AND DEATH 72 hours
that the death ce by the attending by the attending iol, cremotion, or r		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)_	OR AS A CONSEQUE	cyst	r fis		3 weeks
RECORDS, 2: low requires so been signe ermit. Then p te prior to bur over ony injury, it	CERTIFICATION	PART 2 OTHER SIGNIFICANT (Rena 19a DATE OF OPERATION 10/20/85	1-0	ilure.	OPERATIO		IN CERT	ES, WERE FINDINGS USED HYING CAUSES OF DEATH? KES NO
Physicial the fertility of the fertility	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHITE ONT WHITE AT WORK	ATH HOUR A	OF INJURY A.M. MONTH D P.M. E OF INJURY GIREET, FACTORY, OFFICE.	19	21c. HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18	(OUNIY STATE
DR ATTENDI s hospital or DIRECTOR: A ched for use cept. of Heal		220.1 certify that (1) (this hosp sow the deceased glive or obove (1) (we (did)) did no 22b. SIGNATURE	11/10	2 19_		DEGREE ATTENDING	deoth occurred on the date and he	our and from the couses stated 174. DATE SIGNED
TO HOSPITAL (retained by the TO FUNESHOUS should be detail with the State [IMPORTANT: #		220. PHYSICIAN'S MAME (TYPE OF ARY) BURIAL, CREMATION, REMOVAL	23b. DATE		ON NAME OF C	PHYSICIAN [220 ADDRESS EMETERY OR CREMATORY	HOSP 1718	и, Втититок
BP DHMH - 16 50M 4/83	24 F	(SPECIFY) BURIAL UNERAL DIRECTOR SOL	LEVINS	ON & BROS	. INC	AMUNO 250. PA	BALT IMORE F REC'D. BY REGISTRAR 251/ REGI	MARYLAND STRATS SIGNATURE
(VRA 15, 4)	6	010 REISTERSTON	VN RD.	BALTO.	MD	21215	1 2 1982	maniages - Matter



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041	00		1 -	FOR STATE REGISTRAR	DE	PARTN		EALTH AND MENTAL H	YGIENE - REG. N	0		
	طر الحد			EASED NAME FIRST Virgin	nia			affer	20 DATE OF DEATH	нтиом	DAY YEAR	
wo.	1	3	SEX		4. RACE		5. DATE O		& AGE (IN YEARS LAST BE	(THDAY)	IF UNDER I YE	AR IF UNDER 24 HRS
ge 4	113	1		Female	White		Dec.	2, 1899	85	YRS		
soth. Po		1		THPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COL USA	INTRY?	MARRIEI WIDOWE	D NEVER MARRIED	Baltimo			MD
s after de	led with	4		y OR TOWN OF DEATH altimore	11. NAME OF HOSPITAL,		G HOME O	R OTHER INSTITUTION	12a USUAL OCCUPAT TYPE OF WORK FOR MOST OF Teache	OF WORKING	LIFE) INDUSTR	of BUSINESS OR
filled in I	nould be f	5	3a. S1	L RESIDENCE LIF NURSING HOME OF ATE 136 COUL	NTY 13c. CITY C			13d INSIDE CITY LIMITS? YES 🛛 NO 🗌	136.STREET ADDRESS	⁄zıp co Jniv€	ersity	21210 Pkwy.,
red within	ond 2 st		I FAI	HER'S NAME FIRST George		affe	r	Alice	WIDDLE		Wils	LAST SON
xecul	Poges	14		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	AL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
on on	Po Be	L	_	0	214	12 (3892	Dr. J. W	ilson Shaffe	r,	Sa	
cate	oper vol.			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a).	(b , and	d ic.	V				OXIMATE INTERVAL EN ONSET AND DEATH
ertification of ph	remo		-1		TE CAUSE (0) Sepsul							days
requires that the Leath certificate as signed by the attending physician	lease removeral, crematio			Conditions, if ony, which gove rise to immediate couse (o1, storing the underlying couse lost	DUE TO, OR AS A COM	NSEQUE	NCE OF	y tract infe				
quires	hen p no bur	4	z	part 2 OTHER SIGNIFICANT		NG TO E	DEATH BUT	NOT RELATED TO THE TE	rminal disease or con	DITION	GIVEN IN PART	lio.
n. hos been	permit. T	7	CERTIFICATION	9a DATE OF OPERATION	196 CONDITION FOR	WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE FINITIFYING CAUS	DINGS USED SES OF DEATH?
N. Th hysicio	Hygie 18 sho	2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DA	Y YEAR	21c HOW INJURY OCC		JRY IN ITEM 1	B PART I OR PART 2	1)
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pitol or	for use a af Heolth 21 is ma	1		220. certify that (1) (as hasp saw the deceased alive or above it we raid (did no	body after death		No.	N 6 19 8	on death occurred on the o	late and h	19 <u>85</u> nour and from t	_, that (I we) ast he couses stated
ALOR A the hos	detached ate Dept. IT: If Nem			226. SIGNATURE	Vaudian			DEGREE ATTENDING PHYSICIAN			22c. DA	185
D HOSPIT toined by	should be dewith the State			Dr. Margar	et W Vaugh	an		27e ADDRESS Uni	on Memoria	1 Hc	spita	1
BP	- 3 ₹	1	C	URIAL, CREMATION, REMOVAL PECHY) Cremation	23b. DATE 11/13/85			Mount	Balto.	,	COUNTY	MD STATE
	MH - 16 60M 7/B4 (VRA 15, 4)			NERAL DIRECTOR Henr NAME 15 York Road	y W. Jenkir Balto., M)\$ _{ss} 8	Son 21212	s Co. 25a.	Wy 1 1 1985	25b. REG	ISTRAR'S SIGN	IATURE

STATE OF MARYLAND

- STATE

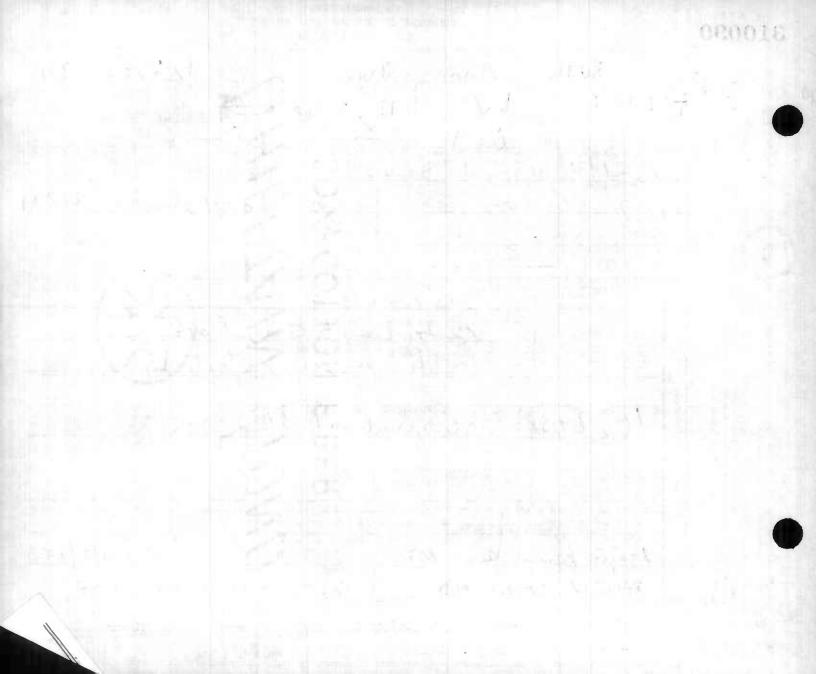
REGISTRAR

26 DATE OF DEATH DECEASED NAME 76. HOUR AGE THY YEARS LAST BIRTHDAY! 74 YRS BALTIMORE CITY OR COUNTY OF DEATH City 175 KIND OF BUSINESS OR LEASE OF WORL FOR WORLD OF WORLD LIFE INDUSTRY Home Meyer Robert Shaw 3300 Sequoia Ave. 21215 NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN STATE COUNTY 11-7-85 Westview Crematory Baltimore 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Burgee-Henss 3631 Falls Rd. ADZ 1211 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



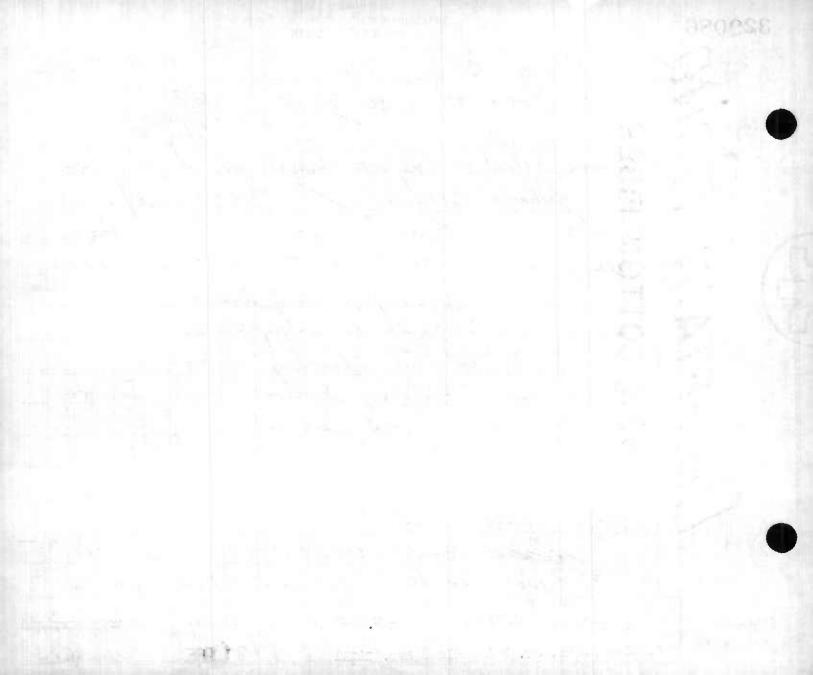
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(VRA 15. 4)

A. Alan Seitz, Jr. 3818 Roland Ave. 21211

. a Davidson Randose



325150	1.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 5	3 3 2 4
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR 76 HOUR
poge 3	(TYP)	OR PRINTS	wice M	<	shell	M	OV 15 1985 730 M
y y y	3 SE		4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HOAY) IF UNDER I YEAR IF UNDER 24 HRS
ctor.		Female	Black	MONI	H OAY YEAR	67	YRS. MONTHS DAYS HOURS MIN.
Pag dire	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8		9 BALTIMORE CITY O	
n 72		(Va.	11.54	WIDOW	ED NEVER MARRIED DIVORCED	City	MD
e for de	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
1 52 000		Baltimore	(IF NOT IN SUCH EACILITY	GIVE STREET ADDRESS)		HousewiF	
The state of the s	USU	AL RESIDENCE (IF NURSING HOME)		DENCE BEFORE ADMISSION	113d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	
P 6: 1	130	mh		a Himera	YES NO		errington Rd 21215
0.7	14. F/	THER'S NAME			15 MOTHER'S MAIDEN N	AME	·
1		Robert	WIGOFE	DACILLE	Laura	MIOOLE	Willens
		VAS DECEASED EVER IN U.S.		CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS
1 62 1/	((IF YES	GIVE WAR OR DATES)	-18-0348	milton DAG	ic 16 f	Brookery Dr.
4 000 4			r only one couse per line for	7	THE DISC		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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and and and		IMMET	DUE TO, OR AS A C	1			
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\$ 5 to \$		underlying couse lost.	(c)	0110000110001			AND REPORTABLE
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1 142 1	o N	Breat Cance	1, metastatic			- 571 - 50	
ING PHYSICIAN The law employment of the control of	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
21 241	I E					YES NO	YES X NO
18 July 19 Jul		210. ACCIDENT WAS UNDERLYING	110110 111 110	Y Onth day year	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
0 m 1 m 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	DEATH	19		45 7 7	
the state	ED I	21d. INJURY OCCURRED	21e PLACE OF INJU	ORY OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
of o	1	AT WORK AT WORK					
NDIR I or I or USe of Iteolitis mo		220 I certify that (I) (this h	ospital) attended the decea	sed from	. 19	, to	, 19, that (II (we) lost
Spito CTO for of h		sow the deceosed olive obove, (I) (we) (did) (did	on not) view the body ofter de	19 c	ind that in (my) (our) opinion	n death accurred on the do	te and hour and from the couses stated
OR A DIRE oched Dept		22b. SIGNATURE	111		DEGREE		22c. DATE SIGNED
Y the Y the Odetoo deto Ote D		/V	sley		ATTENDING PHYSICIAN	MEDICAL STAF	IAN D NOV. 15, 1985
HOSPITAL sined by the FUNERAL sould be det the the Store		22d. PHYSICIAN'S NAME (T			22e. ADDRESS		
TO HOSPITAL retoined by the TO FUNERAL should be detoined the Stote IMPORTANT: If			Chang		Universit	y of Manlan	d Cancer Center
D	23a	BURIAL, CREMATION, REMO		23c. NAME OF	CEMETERY OR CREMATORY	Z3d LOCATION	COUNTY STATE
BP		Burial	11/20/85	Cedar Hi	11 Cem.	Anne Arunde	
DHMH - 16 50M 4/B3	24 F	UNERAL DIRECTOR		ACORESS		ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
(VRA 15, 4)		Wm C March F/H	West, Inc 430	00 Wabash Av	e.	NOV 1 8 1985	The Bardon Rangese

	1		ems 18-	22a 11,	/18/85 mt	DEPART	MENT OF H	OF MARY		TYGIENE	5	3 1	3 2)
318080			STATE REGISTRAR			MEDICAL	EXAMINE	R'S CERT	IFICATE C	OF DEAT	H REG.	NO.		4
			CEASED NAME OR PRINT)	Caro	าไขา	MIDDLE		Shiple	2//	20	DATE KNOWN OF ESTI- DEATH MATED	XX MONTH	DAY YEAR	26 HOUR
IS NECESSARY, PLEASE E FUNKRAL DIRECTOR. E 5 FOR YOURS	N STREE	sex Fe	male	RACE White	5. DATE OF BI	Loui RTH 2 35	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1	YR. IF UNDER			MONTH 11-	-10 19 85 DAY YEAR -10 19 85	24 HOUR 2 • 10
JECESSARY JNERAL DIE FOR YOU	133		RTHPLACE ISTA		76. CITIZEN O	F WHAT COU	NTRY? 8	-	NEVER MARR	HED 🔲	Baltimore city Baltimor	Y OR COUNT	TY OF DEATH	AD.
PAGH 4]	y or tówn c Baltimo:	F DEATH	(IF NOT IN SU	. Agnes	s Hospit	al	TITUTION	12a. USUA	Cretary	TYPE OF WORK	OR INDUST	RY
AN SELVENT PROPERTY PROPIED BE	335	13a S1		13b CO	ME OR OTHER INSTITUTE UNTY	13c. CIT	e BEFORE ADMISSION Y OR TOWN	13d IN	SIDE CITY LIMITS?	4.686	TADREBAL TO THE TO	timore less A	ve. 21	1230
6 9 8 A	300		THER'S NAME FIRST Milfo		MIDDLE		Clark	15. M	other's maidi First Laura	EN NAME	MIDDLE		McGre	PPVV
BALTIMO S AFTER GIVE PA TITH FOR PAGEST	DIVISION	NO	S, NO, OR UNKNOV	(IF YES, C	ARMED FORCES? EVE WAR OR DATES) anly one cause pe	212	= 30 - 89		Robert	E. S	Ball hinley	timor Sr.1		21230 wern
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER D RITHING THE WHEN "PEDICAL EXAMINER" IN PERCING PAGED THE CHIEF MEDICAL EXAMINER ALONG WHE FORE THE CHIEF MEDICAL EXAMINER ALONG WHE FORE THE CHIEF MEDICAL EXAMINER ALONG WAS A SA BURNAL - TRANSIT FERMIT. PAGES"	BINENT OF HEALTH AND MENTAL HYGIENE, 58 TO BURIAL, CREMATION, OR REMOVAL.	Z	gave rise couse (a) s lying caus	, if any, wh ta immedi toting the <u>und</u> e lost.	ich ote (b)_), OR AS A CO	Salicyl NSEQUENCE OF							
F VITAL RECO	URIAL CRI	CERTIFICATION	19a. DATE OF C				WHICH OPERAT	TION WAS PER	RFORMED?				20 AUTOPSY	? NO XX
VISION OF VITAL I CERTIFICATE SHOUL TING THE WORD "F DED TO THE CHIEF 3 SHOULD BE USED	DEPARTMEN PRIOR TO B	MEDICAL CER	210. EXTERNAL UNDERLYING CONTRIBUTIN 21d INJURY OO WHILE	OR G CAUSE C	DF DEATH 21e PLA	P.M. 11/ ACE OF INJURY I, FACÇORY, FARM,	DAY YEAR 1985 Y (AT HOME, ETC.)		ct inges	sted d	TUG		RT 2)	STATE
Ī≥₹ĕ	DEATH, WITH THE STATE		22a. I certify death resulted ACTUAL SIGNATURE	that I taak ch	orge of the remain	home	ove, held an	Autapsy C	Invernes Inspection In	Undetern		ore, Moand in my ap]. DATE SIGNE	11-10	- 85
TO MET EXECUT PAGE 4	BATIER	230. BL	EXAMINER'S N (TYPE OR PRIN (RIAL, CREMATI	on,remova	ennis F.		M.D.	ADDRE		Penn S	t., Balt	0., Md		1 TATE
07/84 BP/3 25M DHMH-	80	24 .FL	Buri NERAL DIRECT		11-14- al Home		Glen Ha E. Pata		lem. Pk	GT REC'D. BY RE	en Burn	ie A	. A .	Md.
/VR A15 M				_ 00101	2101190	5 7 1	262	4005	77 0. 1	INV 4	2 400E	3 - 1 6.72	THE RESERVE TO SERVE THE	ستنهد

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15, 4)



letely filled in by the funeral d 2 should be filed within 73.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.		
1 DECEASED NAME FIRST		MIDDLE		AST		MONTH D	AY YEAR	2b HOUR
(TYPE OR PRINT)	410	A		SIMMONS	N	6V 1	85	3:14m
3 SEX M	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR)		FUNDER YEAR	IF UNDER 24 HRS
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	8	D NEVER MARRIED	Balto.	R COUNTY	OF DEATH	MD.
10. CITY OR TOWN OF DEATH Balto.	(IF NOT IN SUC	HOSPITAL, NURSING THEACILITY, GIVE STREET A arles Hos	G HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Machine Op	F WORKING LIFE	INDUSTRY	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME O 13a. STATE 13b COU		130. CITY OR TOWN Balto.		13d INSIDE CITYLIMITS? YES NO [13e.STREET ADDRESS /		St.	21218
14 FATHER'S NAME FIRST Stanley	MIDOLE	zymanski		15. MOTHER'S MAIDEN NA	WIDDLE	Kopan		
160 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	215-03-1		Mr. Matthew	ADDRE Shilling	TIOV	ridence gell S	, R. I.
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(c)	1000		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART TO	a
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1	-11 /	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
OR CONTRACTOR OF OF OR	HOUR A		Y YEAR	21c, HOW INJURY OCCUR		RY IN ITEM 18 PA	RT : OR PART 2)	
OR CONTINUENT OF CASE OF DE CONTINUENT OF CO		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did no 22b. SIGNATURE	1/	19_	P.C.	nd that in (my) (our) opinion DEGREE	, to // de deoth occurred on the do	ote and hour	ond from the	SIGNED
22d PHYSICIAN'S NAME (TYPE	OR PRINT)	,	/	ATTENDING PHYSICIAN D	DIRECTOR PHYSIC	IAN []	111	11/15
23a. BURIAL, CREMATION, REMOVA (SPECIFY) REMOVAL	23b. DATE 11/1/		IAME OF (EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	2121	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

PHYSICIAN: The

should be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If Item 21 is marked or Item 18 shaws any

injury, or other troumatic event, th

Anatomy Board

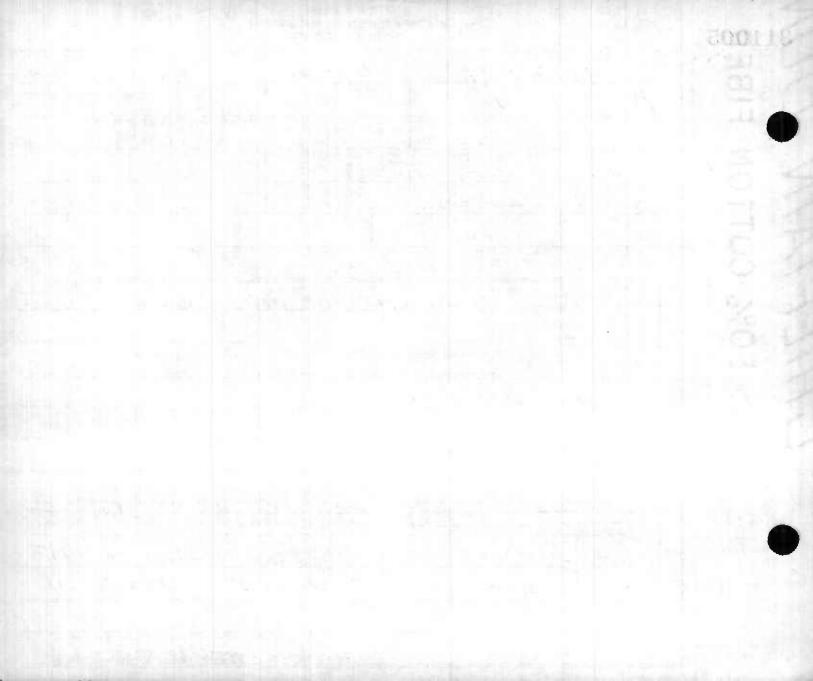
24 FUNERAL DIRECTOR

Balto., Md.

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250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



5	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
B		CEASED NAME FIRST OR PRINT)	1-	MIDDLE LAST				20. DATE OF DEATH		VEAR S	2b HOUR	
	1100	MARIE			Simms			11 0 - 2			3.20 Am	
	LSEX	Femore	4. RACE	1. RACE Black		S DATE OF BIRTH		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	HOURS MIN.	
35	7a. BIF	RTHPLACE (STATE OR FOREIGN OUNTRY) MARY LANS	1.	76. CITIZEN OF WHAT COUNTRY?			MARRIED DIVORCED	9 BALTIMORE CIT	City			
4	2	Sutime se		IG HOME O	R OTHER INST	HLYLAN	120, USUAL OCCUPATION 12b, KIND OF BUSINESS OR					
34	13a. S	mb 6	OR OTHER INSTITUTIO	130. CITY OR TOW BAL711	N I	13d INSIDE C	NO 🗌	13e STREET ADDRE	SS / ZIP CODE	place	, 21277	
0	9	ther's name First Unknov	MIDOLE	LAST		IS MOTHER'S MAIDEN NAME FIRST UNKNOWN MIDDLE				LAST		
2	was deceased ever in u.s. armed forces? 166 social security no. 167 social security no. 168 social security no. 169 social sec						Jacquine Lipcomd					
nal, cremation, or remo or other troumatic ever		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cobse (o), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF										
Hora	Z O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra										
7	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH (IN CERTI					S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO	
7	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM. 21d INJURY OCCURRED	DEATH HOUR	OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY OFFICE I	19	21c HOW IN		RED (ENTER NATURE OF	INJURY IN ITEM IB P	COUNTY	STATE	
	4	while NOT while ATWORK 20a certify that (1) (this hospital) attended the deceosed from 1.26, 19 85, to 1.28, 19 85, that (1) (we) lost saw the deceosed alive on 1.24, 19 85, ond that in (my) (our) opinion death accurred an the date and haur and from the couses stated above, (1) (we) (did) (did nat) view the bady after death.										
		22b. SIGNATURE	sh L	y after death.		DEGREE	ATTENDING PHYSICIAN [STAFF	22c. DATE		
		127d PHYSICIAN'S NAME (TYPE OR PRINT) MAHESH MOON and 780 Ahburtm 87 MD										
≤	23a D	LIPIAL CREMATION REMON	AL TON DATE	123,	NAME OF C	EAAETEDY OR	CREMATORY	234 LOCATION				

DHMH - 16 60M 7/84

Chas.A.Rice FSPA 1300 Eutaw Place (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial 24 FUNERAL DIRECTOR 23b. DATE 12/5/85

23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.

Lansdowne

Md. STATE

250, DATE REC'D. BY REGISTRAR 25, REGISTRAL INSIGNAL ORS

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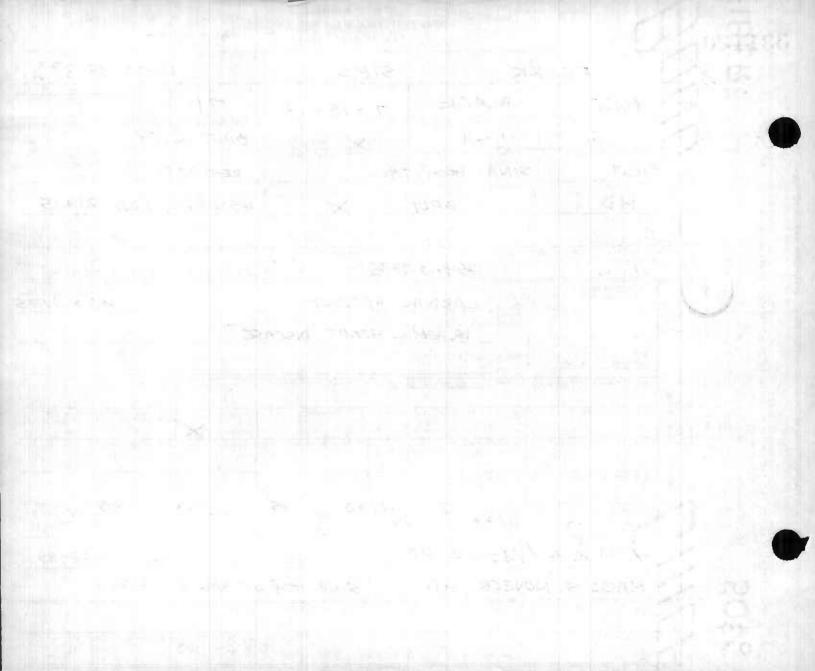
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1328 SUI PHUR SPRING ROAD 21227

STATE

REGISTRAR

24. FUNERAL DIRECTOR

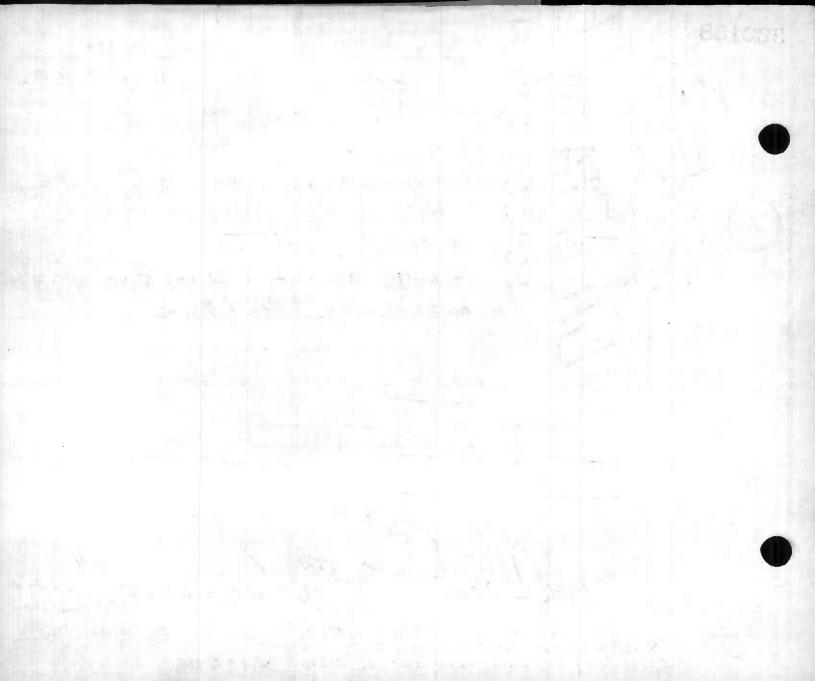
AMBROSE. INC

DHMH - 16 60M 7/84 (VRA 15, 4)

331053

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YRS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR GLASSWARE LINEWORKER 130 STREET COLONY ZIN FORE LAST SALVATORE PASTA 1079 DOWNTON RD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ? COUNTY STATE CITY OF TOWN and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated DIRECTOR PHYSICIAN CEMETERY REGISTRAR 255 REGISTRAR A COM

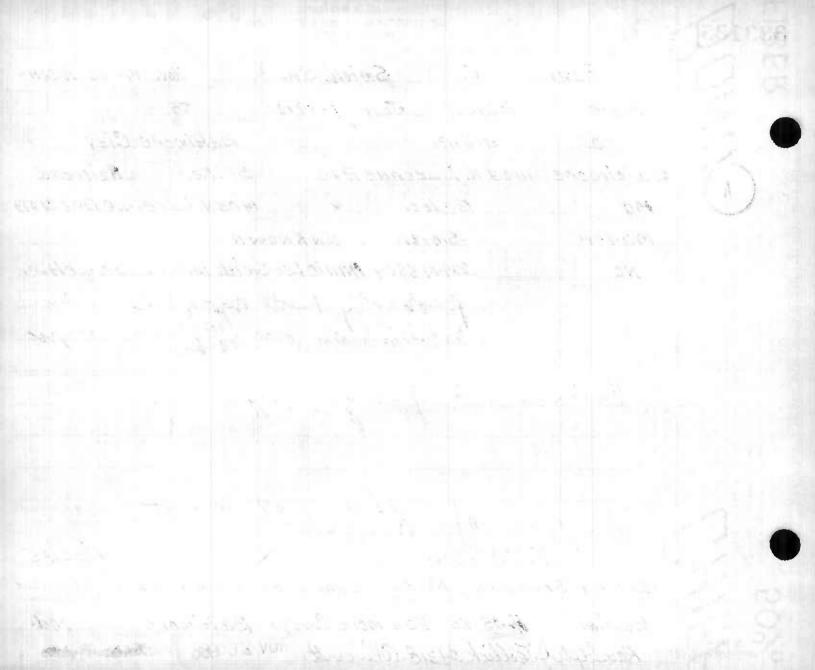
322138	1.	FOR STATE	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTA		3,		3 3
O (O) O)	1	REGISTRAR		CERTIF	ICATE OF DEATH		ME OIL O	5-134	
de con pe	1. DE	OR PRINT) Buth	MIDDLE	Smit	h	20 DATE OF D	EATH MONTH	11-85	5 30 AM
tor, poge	3 SE	Female	4 RACE Black	S. DATE O	DAY YEA	. //		MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
Page direc	70.8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY2 R		O RAITIMORE	CITY OR COUN		
La 72 h		OUNTRY)	U.S. A.	MARRIE	D NEVER MARRIE		timora		
thin thin		TY OR TOWN OF DEATH		WIDOWE	DR OTHER INSTITUTION	-			OF BUSINESS OR
rs offer hot the riled w		Iti., MD.	DUKURNE DUKURNE	Nursing		TYPE OF WORK FO	MAKE	LIFE) INDUSTRY	ME
D 212	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE INTY	CE BEFORE ADMISSION	136 INSIDE CITY LIMI	ITS? 13e. STREET AD	DRESS 293	32 WING	CHESTER
NA CONTRACTOR	14 F/	THER'S NAME	0	16 (YES NO L		1, 5/10	TO, MO.	21216
MARYLAND 2120 MARYLAND 2120 Maryland Constitution by the residence file of the constitution of the const		ROMAN	MIDDLE	DERS	FIRST		MIDDLE	LAS	ST
		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO	17 INFORMANT		ADDRESS 2	932 WII	VCHESTER
BALTIMORE, cote be executivistic on ond cappers. Pages, wol.	1	NO.	240-0	17-1707	MISS ROSI	ALIND CON	WAY ST	BALTO.	MD. 212/6
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certifu- outending physicion. After this certificate has been signed by the ottending ph st the buriol-transit permit. Then please remove corbona th and Mental Hygiene prior to burial, cremation, or remo and orked or Hem 18 shows any injury, or other traumatic ever	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR Y	NSEOUENCE OF	March 1	E TERMINAL DISEASE C	Y? 20b. UF Y	ES, WERE FINDIN	NGS USED
AL RI Per Icon. hos It per Icons	I I			150		YES N	10 DE LEK	TIFYING CAUSES YES []	NO [
OF VIT. CIAN: T physici physi		THE ACCIDENT WAS UNDERLYING		H DAY YEAR	21c. HOW INJURY O	CCURRED (ENTER NATUR	E OF INJURY IN ITEM I	8 RART I OR PART 2)	
O PHYSION or the burn ond Merked or h	MEDICAL	THE INJURY OCCURRED	714 PLACE OF BUJURY	AM, YE I	211. LOCATION		ITY OR TOWN	COUNTY	STATE
DIN OT Aft Se os s		22s I certify that (1) (the has	sital) attempted the deceased	tromB	125/2/19	13/1/11	93	. 19	that (I) (we) last
TTEN Pirtol TOR for of Ho		saw the deceased alive a above, (I) (we) (did) (did s	at view the body after death	10 850	in that in (my) (our) or	ornion death occurred o	on the date and h	our and from the	couses stated
the hose A DIRECted to Dept.		22E SIGNATURE	Mmcl	Mr	DEIGREE ATTIND	ING MEDICAL	STAFF PHYSICIAN []	22c DATE	
TO HOSPITAL retoined by the TO FUNERAL should be deter with the State IMPORTANT: If		THE PHYSICIAN SPIAME IT	IL DAYS		22e ADDRESS 905	1BALT	NA+	Pice	E Chy
		URIAL, CREMATION, REMOVA	4 1		EMETERY OR CREMAT	CITY OR	TOWN	COUNTY	STATE
BP	24 84	BURIAL		HKBUT	IS MEM. P.	ARK		IIMORE,	IND,
DHMH - 16 50M 1/81 (VRA 15, 4)		TUTTERY SONS				NOV 1 4		ISTRAR'S SIGNAT	



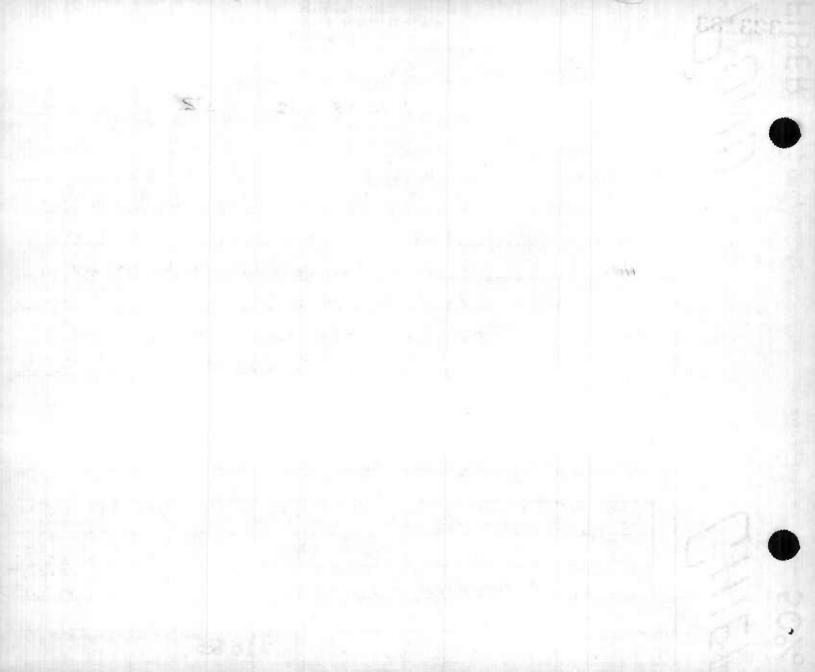
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME CLETUS J. (TYPE OR PRINT) 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 1: 5EX 23 MALE CAUCASIAN BALTIMORE CITY OR COUNTY OF DEATH TE BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGH MARRIED NEVER MARRIED BACTIMORE Pennsylvania NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR BALTIMORE GENERAL £13d. INSIDE CITY LIMITS? FATHER'S NAME Glen Burnie, Maryland 21061 160 WAS DECEASED EVE ARMED FORCES? IF YES, GIVE WAR OR DATES) SMITH 509 Kent Circle Yes PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED DEGREE MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS SOUTH BALTIMORE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Md . STATE Crownsville Maryland Veterans Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Fink Glen Burnie, Md 21061 (VRA 15, 4) Raymond C.

PARTICE SULFILL STATES MITE BAR GLANDAME TO SET WILLE DINGS ALTHUR SOLD SOLD HILLS A MARKET

					STATE OF MARYLAND	8 5 5	0 0 0
333135	1	FOR STATE		DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE	
OOGTOO	1	REGISTRAR			CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2h HOUR
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you you	3. SE			RACE	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 off		112/2	339	121-2	MONTH DAY YEAR	PF	MONTHS DAYS HOURS MINL
600	7n. B	RTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF WHAT COUNTRY	JULY 1-1910	75 YRS. P BALTIMORE CITY OR COUNT	Y OF DEATH
4 22 1		COUNTRY)		7/6 0	MARRIED MEVER MARRIED	27 1 1	1.
de de	10.0	ITY OR TOWN OF DE	ATH 1	1 NAME OF HOSPITAL NURS	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION	12h, KIND OF BUSINESS OR
I AND	-	2 ()		(IF NOT IN SUCH FACILITY, GIVE STRE		(TYPE OF WORK EOR MOST OF WORKING	
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AD	13a.	STATE ,	136 COUNT	Y 13t. CITY OR TO		13e.STREET ADDRESS / ZIP COL	
2011		Md		Balt	O. YES Y NO		PNE AVE 21213
min a 2 2	14. F.	ATHER'S NAME	M	IDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
b g g g		MAJOR		5101	th ZINKNO	WN	
ond Poges		VAS DECEASED EVER		WAR OR DATES) 166 SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDRESS	
n ond Poge		NA	14 163, 0116	229-11-	8809 BANIE Lee	SMITH IMABNIL	11ZERNEAVES
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TTE ppito		sow the deceo obove, (I) (well	sed alive on_	view the body criter death.	, and that in (my) (our) opinion	death occurred on the date and ha	our and from the couses stated
hoo hoo ho hed hed ept.		22b. SIGNATURE	111-	, Al	DEGREE		TIL DATE SIGNED,
TAL O y the RAL D detocl fore Do		1	IMA	Molen	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/22/85
- 0 111 0 12		22d, PHYSICIAN'S N	TAME STIFF OR	PRINT)	22e. ADDRESS		1
TO HOSPITAL efoined by t TO FUNERAL should be det with the Stote		ELIJAH	SAU	NDERS, M.	D. 2 HAMILL R	D. STE. 401 BX	4LTO. MD. 21214
Of Office of Management of the	23a	BURIAL, CREMATION			NAME OF CEMETERY OR CREMATORY	1234 LOCATION	
BP		(SPECIFY)	, KEMOVAE	11 40 OF F	20 Lange Property	CITY OR TOWN	COUNTY STATE
Dr	24 F	UNERAL DIRECTOR		1005-80 B	ALEIMONC LANTY	ATE REC'D. BY REGISTRAR 250. REGIS	STRAP'S SIGNATURE
DHMH - 16 50M 4/83		NAME .	1.1.1	Y MI ADDRESS	¿ al' el INLI	V 26 1005	THE STORY OF THE S
(VRA 15, 4)		Kanare	ALL241	CALLICK 24316	31 Ulweby Des	- 20 1200 June	Charles (



323133	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5 S	1 5 5 5		
moy be poge 3	1. DEC		A RACE	Smith 15. DATE OF BIRTH	11-1	PAY YEAR 76 HOUR 11-85 6:05 R 15 UNDER 1 YEAR 15 UNDER 24 HRS		
ge 4 mc ector, p rrs ofter	3. JE	F	B	MONTH DAY YEAR /2 - 3/- 32	52 YRS MONTHS DAYS HOURS MIN.			
oth. Po		RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	OF DEATH City MD.		
ofter des	10.0	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	12b KIND OF BUSINESS OR		
AND 2120 24 hours filled in by ould be fill	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b, COUN	OTHER INSTITUTION, GIVE RESIDENCE BY	DSDITCU EFOREADMISSION) OWN 13d INSIDE CITY LIMITS? MORE YES NO []	13e STREET ADDRESS / ZIP CODE	21229 anklin St		
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IIMOR Page		VAS DECEASED EVER IN U.S. AR YES, NO OF UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIALS E WAR OR DATES) 218-28	-2756 Bernice Va	ughn 1811 N. Du	ikeland		
of, BALTI		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	oly one couse per line for (a), (b) D BY: TE CAUSE (a)	ratory ArresT		BETWEEN ONSET AND DEATH		
death cer attending ove carbo		Conditions, if ony, which	DUE TO, OR AS A CONSE	- OVENCE OF LA - OSOSPHUZES	nl fistula	4-6h		
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RDS, 20 equires 1 n signed Then ple r ta buric	NO	PART 2 OTHER SIGNIFICANT OR Radiation	onditions CONTRIBUTING	4 10 1 0 7	AINAL DISEASE OR CONDITION GIVE	EN IN PART 1/0		
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	TICH OPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?		
N OF VITAL R SICIAN: The lang physician. certificate has ridol-transit pe ental Hygiene litem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	NIN .	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART (OR PART 2)		
DING PHYSICIAN: The low requires that the death certifor or ottending physician. After this certificate has been signed by the attending ple as the burial-transit permit. Then please remove carbon oith and Mental Hygiene prior to buriol, cremotion, or remmorked or Item 18 shows any injury, ar other troumofic eventual transitions.	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.) 211 LOCATION STREET	CITY OF TOWN	COUNTY STATE		
TTENDI pital or TOR: A far use of Heal		220 I certify that (I) this haspi sow the deceased alive an	- 1////		death occurred on the date and hour	ond from the couses stated		
0 % 0 % 0 #		22b. SIGNATURE	1- Hanse	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED		
HOSPITA		272 PHYSICIAN'S NAME (TYPE O	A-l-lanser	27e ADDRESS	enspring Ave,	Baltimere, Me		
D & D & M & M		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		136 NAME OF CEMETERY OR CREMATORY Garrison Forest Vet	Owings Mills	COUNTY Md		
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR 11iam C. March	F/H West 4300	Wabash Avenue NON	TE REC'D, BY REGISTRAP THE REC'S IN	RAR'S SIGNATURE		



- STATE REGISTRAR DECEASED NAME (TYPE OF PRINT) 3. SEX Male To. BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

BAKTI MORE

N.C

LIo. STATE

Md

14 FATHER'S NAME

Weldon

no

(YES, NO OR UNKNOWN)

HERMAN

4 RACE

Black

USA

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI

(IF YES GIVE WAR OR DATES)

136 COUNTY

Smith

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

76. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Balto

North Charles Hospital

13t. CITY OR TOWN

LAST

166 SOCIAL SECURITY NO.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITU

	ICATE OF DEATH	REG. NO.
	AST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
SIX	ATTH	11 /2 /85 3:55 6"
	DE BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
6/2	26/1926 YEAR	59 _{YRS.}
MARRIE	D X NEVER MARRIED DIVORCED D	BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD
HOME (PRESS) Spit	or other institution tal	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY INDUSTRY
MISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 42 N Monastery Ave 21229
	15. MOTHER'S MAIDEN NA	Smith LAST
Y NO.	17 INFORMANT	ADDRESS
10	Margaret S	Smith 42 N Monastery Ave
m A	OF LUNG	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH

18 CAUSE OF DEATH Enter and PART I. DEATH WAS CAUSED IMMEDIAT	ly ane cause per line lar (a), (b), and ich DBY: ECAUSE (a) CARCINOMA OF LUNG E METASTASIS	APPROXIMATE INTERVAL TWEEN ONSET AND DEAT
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	

190 DATE OF OPERATION 7 In ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21d INJURY OCCURRED

22a.1 certify that (1)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21e. PLACE OF INJURY

his haspital attended the deceased fram.

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION

CITY OR TOWN

NO

200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

NO [

STATE

(did nat) view the bady after death.

19 85

ATTENDING

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

aur) opinian death accurred an the date and haur and Iram the causes stated

221 DATE SIGNED 85

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

m.D A.C. CHOUVALIT

CHARLES GEN. HOSP NORTH

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR

23b. DATE 11-8-85 23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

and that in (my

DEGREE

Brooklyn A A Md

STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

MEDIC

Rice FSPA 1300 Eutaw Pl Charles A

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

323055	1-	FOR STATE REGISTRAR						MENT O	HEALTI	MARYLAND I AND MENT CERTIFICAT			REG. NO.		J 5	*
		CEASED NAM	E	FIRST			MIDDLE			LAST		20. DATE K	NOWN F	MONTH	DAY YEA	R 2b. HOUR
ET. S. S. S. S. F.	1	PE OR PRINT)	F	KATHE	RINE		Rav		S	HTIM		OF DEATH	FSII-	11	12 19 8	5
A CHIEF A	3. SE	X	4. RACE		5. DATE OF		YEAR	6. AGE (IN	EARS IF U	NDER 1 YR. IF U	NDER 24 H	IRS. 2c. DATE		HTMOM	DAY YE.	AR 2d HOUR
DIRE OUR SN S	Per	nale	Whi	te		29	15	(0	YRS. MONT	HS DAYS HOL	URS MIN	PRONOUN DE AD	CED	11	12 198	5 2:19
FOR Y WITHIN		RTHPLACE (DREIGN COUNTRY) Mary 1			USA	OF WH	AT COUN	TRY?	B. MARR	IED NEVERA			imore	-	TY OF DEATH	MD
PAGE 5 PAGE 5 S, 201 W		ny or town Baltim		тн		SUCH FACI	ILITY, GIVE S	TREET ADDRESS		ER INSTITUTION	120	USUAL OCCUPATION MOST OF WORK HOUSEN	ATION (TYPE O	OF WORK	126 KIND OF OR INDU Dome	BUSINESS STRY
MD. 21201. H. IF ANY DELAY IS NECESSARY, PLEASE N. 2. AND 3 TO THE FUNERAL DIRECTOR. M. 3. RETAIN PAGE 5 FOR YOUR FILES. D. 2 SHOULD BE FILED. WITHIN 72 HOURS TITAL RECORDS. 201 W (PRESTON STREET,	USU/ 13a. S	AL RESIDENCE STATE Maryla	(IF IN NUR	SING HOME OF	R OTHER INSTITU	TION, GIVE	RESIDENCE		sion)	13d. INSIDE CITY LIN	MITS? 13e.	STREET ADDRES		imer	e ₂₁ Na	
E, MD.	14. F.	ATHER'S NAM	E		MIDDLE					15. MOTHER'S	MAIDENN	AME	DOLE			
AND PA		Charl	es		MIDDLE		Ra	ay		Do	ra	MIC	DUCE		Kell	er
T., BALTIMGRE, MD URS AFTER DEATH. 18. GIVE PAGES 1, 2. WITH FORM PM 3 WIT PAGES 1 AND 2. E. DIVISION OF WITA	16a. \ 10	WAS DECEASE 'ES, NO, OR UNKN	D EVER I	N U.S. ARA (IF YES, GIVE V	MED FORCES WAR OR DATES)	?		1 – 12 –		John		Baltimo th, Sr.	ADDRESS 1		21226 pland	St.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. ROED TO THE CHIEF MEDICAL EXAMINER ALONG WES SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. E. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OI PRIGRETO BURIAL, CREMATION, OR REMOVAL.	NO	gove r couse (o lying co	ons, if or ise to i o) stating t use lost.	ny, which mmediate the <u>under</u> -	(b), DUE 1	O, OR A	S A CON	OLISM HSEOUENCE HSEOUENCE	OF	E OR CONDITION GIVE	N IN PART 1 Id					
ULD ULD WENTER WENTER WILL CO.	CERTIFICATION	196. DATE O	F OPERA1	TION	19b. C	ONDITIO	ON FOR	WHICH OPE	RATIONW	AS PERFORMED	?				20. AUTOP:	SY?
S S S S S S S S S S S S S S S S S S S	Í														YES [NO K
INFICATE TO THE WOULD BE ARTIMEN		210 EXTERN UNDERLYING CONTRIBUT		R AUSE OF D	HOU	P.M.	MONTH	19	AR	OW INJURY OCC	CURRED (EP	NTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PAR	RT 2)	
DIVISION WRITING WRITING WRITING WRITING WRITING WARDED AGE 3 SI ATE DEP	MEDICAL	21d INJURY	OCCURRI NOT V AT WC	VHILE [21e P	LACE OI	F INJURY RY, FARM, E	(AT HOME,		CATION		CITY OR TOW	N	cou	UNTY	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PEPAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED, AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIÇAF TO BURIAL, CHIEF A TO BE THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIÇAF TO BURIAL, CHIEF A TO BE THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIÇAF TO BURIAL, CHIEF A TO BE THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIÇAF TO BURIAL, CHIEF A TO BE THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIÇAF TO BURIAL, CHIEF A TO BE THE STATE DEPARTMENT.		220 I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR)	red from:	_	e of the remo	X	ribed abo		Autop uicide	Homicide TITLE (SPECIF	ant,	Inquiry Indetermined more	nner .	DATE SIGNE	_D 11-1	
O7/84 BP	23a. B	URIAL, CREMA	TION RE	MOVAL 23	b. DATE	-85	23c.1			r crematory L Cemet	23	Brookl		A cou		STATE C.
25M DHMH - 17 (VR A15 ME (5))	24. E	UNERAL DIREC	y F	unera	al Ho	mes Tim	237 ore,	E _{Md} P	atap	SCO AVE	PATE REC'E	BY REGISTRAR		TRAR'S S		Applade

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-1		REGISTRAR		(ERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRS	Louis '	Raymond	117	Smith Sn.	20 DATE OF DEATH		YEAR 85	26. HOUR 2-124 M
Vo.	3 SE)	Male	4 RACE	hite	DATE O	°78 90	6 AGE (IN YEARS LAST BIR	YRS	INDER 1 YEAR	IF UNDER 24 HRS
5	M	RTHPLACE (STATE OR FOREIGN OUNTRY) anyland	U.S.	4. w	IDOWE	DIVORCED	Baltimore City of	(ity		MD.
9		Baltimore	Mason	HOSPITAL, NURSING H		ng Home	120 USUAL OCCUPATION OF THE PERSON OF THE PE		126. KIND C	A.
5	130 N	aryland	OME OR OTHER INSTITUTION	131 BY OR TOWN	(ISSION)	13d. INSIDE CITY LIMITS? YES MO 🗍	350 South	Drew S.	treet	21224
9	I4 FA	Louis	MIDDLE Sm	ith (Schmid	tt)	15 MOTHER'S MAIDEN NA Lena	MIDDLE		Appe	يا
		VAS DECEASED EVER IN U.	S. ARMED FORCES? VES GIVE WAR OR DATES)	213-10-13		Louis R. Si	nith In. 404			
	7	18 CAUSE OF DEATH (EN PART), DEATH WAS C	ter only one cause per AUSED BY: EDIATE CAUSE (a)	line for ial, ibi, and ic		A				ONSET AND DEATH
		Conditions, if any, which	1/2,	195						
		couse (a), stating the underlying cause las	st. (c)		rV	ASCULAR			11	
	LION	BLIND	NESS	SIP	1ナ1	NOT RELATED TO THE TERM	15			
7	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH OPE	ERATIO		200 AUTOPSY?	20b. IF YES, V IN CERTIFY IF YES	G CAUSES	NGS USED OF DEATH?
1	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A./	M. MONTH DAY M.	YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART ?)	
)	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE, FARM,		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
G	t		0 7 -1	OV 19 F5		d that in (my) (aur) opinion	death accurred on the d	. 19		that (It (we) lost causes stated
/		22b. SIGNATURE	3. (12	1		MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	24 N	SIGNED 10V 81
		DILLIAM	_ ()	RENOUGH		220 ADDRESS FROM	T no	2122	- 4	14.5 5
	- {	BURIAL, CREMATION, REMO SPECIFY) BURIAL	236 DATE			emetery or crematory	Eastwood			nandalfite
	-	uneral director larles S.Zeil	ler & Son I	nc. 6224 E	aste	ern Ave.	A No. D & Company	REGISTRA	R'S SIGNAT	URE

DHMH - 16 60M 7/84

should be detached for use as the burial-tronsit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Hem. 21 is marked or Item 18 shows any

(VRA 15, 4)

المعين المعادلة المعا 1.00 المارين المنافق المناف No August 187 ALL AL TERRET HER CASE OF SECTION AND ALL SECT mid (civis)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR STATE

STATE OF MARYLAND

		F 01 111		PALLED		
DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE	
CE	RTII	FICATE	OF	DEATH		

REGISTRAR			REG. NO.			
DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
Maud	e	Smith	Nov 8	3,1985 0035		
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
female	black	4 5 1921	64 yrs	MONTHS DATS HOURS MIN		
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	BALTIMORE CITY OF COUNTY	OF DEATH		
COUNTRY)	IISA	MARRIED NEVER MARRIED WIDOWED X DIVORCED	Baltimore Ci	City,		
O. CITY OR TOWN OF DEATH	1. 001	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS C		
Baltimore	Union Memor	Tal Hospital	unemployed	E) INDUSTRY		
	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE					
30 STATE 136 COU	Baltimor		136 STREET ADDRESS / ZIP CODE 418_NLoudon_A			
FATHER'S NAME		15. MOTHER'S MAIDEN N	AME			
Willie	Ed Muffr	ie Missouri	WIDDLE	LAST		
WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		ADDRESS			
(YES NO OR UNKNOWN) (IF YES, G	142-16-26	509 Rertha Cousa	nt 5613 Cadillac	Avenue		
	inly one couse per line for (a), (b), on		gra 3013 dadiiiac	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
PART I. DEATH WAS CAUS	EDBY: CARN,	A S A S S S S S S S S S S S S S S S S S		convedente		
IMMEDIA	ATE CAUSE (0)			Control of the		
C490	DUE TO, OR AS A CONSEQUE		BO EALLINE	2 months		
Conditions, if any, which gave rise to immediate	(b) 17 244C	Procedure ; All	VIAC / ITIE COLOT	a numino		
couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE		BICAST CARCINOMA	1980(4		
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1 o		
Mou 2, 1985 210. ACCIDENT WAS UNDERLYING	Carcinomofofic	occulsion of the Com	men tale cluet.			
190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?		
Nov 2, 1985	OBSTRUCTION OF	COMMON BILLE DUCT	YES NO YES			
210. ACCIDENT WAS UNDERLYING		216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18. P	ART I OR PART 2)		
OR CONTRIBUTING CAUSE OF DE	ALE .	19				
OR CONTRIBUTING CAUSE OF DE	21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
WHILE NOT WHILE AT WORK	TATHOME STREET FACTORY, OFFICE P	AKM, ETC.)				
220.1 certify that Athis hosp	oital attended the deceased from	October 24 19 85		19 that well		
sow the deceased plive a	n November 9 19	85 , and that in (my) (our) opinion	n death occurred on the date and have	and from the causes stated		
22b. SIGNATURE	A A S	DEGREE		22c. DATE SIGNED		
Mark	Hour	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	November 8, 198		
22d. PHYSICIAN'S NAME TYPE	OR PRINT)	22e ADDRESS	_ June Toke _ Through	1 110		
MARK J	FURIN	Unen Klemonal	Hospital, 215 Ellows Pa	cherry BALL, ULD		
30 BURIAL, CREMATION, REMOVA	L 23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY				
(SPECIFY) Runial		altimore National	Baltimore	COUNTY		

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR
William C. March F/H West 4300 Wabash Avenue

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLA EALTH AND N ICATE OF D	MENTAL HYG	S S S S	١٠٠	C.
340051		CEASED NAME FIRST		MIDDLE		AST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
y be		MYRTI		V 5	MITH			NOVEMBER 29		1:00 A
ge 4 may ector. pog us offer d	3 SEX	F	4 RACE B		5. DATE C		35	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
nerol direct in 72 hours		RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER M	ARRIED	BALTIMORE CITY OR COU	ITY	MD.
os s ofter o by the fu lied with		LTIMORE	(IF NOT IN SUI	HOSPITAL, NURSIN CH FACILITY, GIVE STREET HOPKINS	ADDRESS)		ITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST DE WORK) ELECTRONIC		OF BUSINESS OR TING HOUS
AND 212	13a 9	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION		E ADMISSION)	13d INSIDE CI	NO 🗌	13. STREET ADDRESS / ZIP C 6829 STURBR	ODE IDGE DE	21234 R. APT.D
MARYL		THER'S NAME DHN FIRST	WIDDLE	ROLAN	1D	15 MOTHER'S OTH	MAIDEN NA	WE	FLOV	VERS
I'MORE,	N(VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	UNKNOW		OTHEL		WLKES 4533 M	ARBLE H	HALL RD.
N ST., BALTI or certificate b ding physicial orban papers. or removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a)	or AS A CONSEQU	1000	monon	y A	rrest	APPRO. BETWEEN	HONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be sentited within hours the certificate has been signed by the oftending physician may be certificate this certificate has been signed by the oftending physician may be sentiled to as the buriol-transit permit. Then please remove corbonopaers. Proposite by the and Mental Hygiene prior to buriol, cremation, or removal. The and Mental Hygiene prior to buriol, cremation, or removal.		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	4/1	DUDGE	through F	Edor	Lymphoma	10	hovis
RDS, 20 'equires the signed Then ples to burto injury, or	NO	PART 2. OTHER SIGNIFICANT O	CONDITIONS	ontributing to	DEATH BUT	not related	TO THE TERM	inal disease or condition	GIVEN IN PART 1	Tall I
AL RECO	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED		YES, WERE FIND RTIFYING CAUSE YES []	
ICIAN: T g physici entificate intol-fronsi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	DF INJURY .M. MONTH D .M.	AY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER MATURE OF INJURY IN ITEA	18 PART (OR PART 2)	
UG PHYSICI. Ottending p ter this cert is the buriol- h and Menta	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE	FARM ETC)	211 LOCATIO STREET	N	CITY OR TOWN	COUNTY	STATE
R ATTENDIN hospital or RECTOR, Ad sed for use of ipt, of Healt		220 I certify that (I) (this haspi saw the deceased alive on abave, (I) (we) (did) (did no			Vove			death occurred on the date and	havi and from the	that (I) (we) last e couses stated
the the DI HE DI HE DI HE DE DE TE D		22b. SIGNATURE Clas	- Sev	ře			TTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	43/	29/35
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State		ALA N	1	INE		Hopky	1.3	soptal 600 N	worke S	+ Borting, M
BP	В	urial, cremation, removal specify JRIAL	23b. DATE 12-5-			EMETERY OR C	3	23d LOCATION CITY OF TOWN PIKESVILLE		MARYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FL	NERAL DIRECTOR NAME MARCH F/H	TNC	1101 F	NOR	TH AVE	250 DAT	EC 4 1985	GISTRAR'S SIGNA	- Hande



STATE OF MARYLAND

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A CONTRACT OF THE PROPERTY OF 27 S 12 1 1 1 2 12 New present of the Box of the contract of and the state of From a not true to the last the base to the Mary Line Steen appear to move the state of the second to make where we will be the comment of the state of Have the street of some of the transfer and the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH MONTH 26 HOUR DECEASED NAME TYPE OR PRINT! ginia 6. AGE _IIN YEARS LAST BIRTHOAY IF UNDER TYEAR 5. DATE OF BIRTH 3. SEX 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE _ (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [] WIDOWED 126. KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (THE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE, MARYLAND 21201 LISUAL RESIDENCE OF MURSING HOME OR OTHER INSTITUTION 13h COUNTY 14 FATHER'S NAME JACKSON JOSEPH ANDERSON ADDRESS. NAS DECEASED EVER IN U.S. ARMED FORCEST 144 SOCIAL SECURITY NO 12 INFORMANT CORDELIA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 78s: AUTOPSY7 786 IF YES, WERE FINDINGS USED 19L CONDITION FOR WHICH OPERATION WAS PERFORMED IN DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO NO F 21h TUME OF INJURY THE HOW INJURY OCCURRED. CONTRIBUTION OF PROPERTY AND THE PART YOR PART TO 31g. accident was underlying HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING [] CAUSE OF BEATH (BETHER, NOTHY MEDIC NUEXAMMER). TH LOCATION FIR PLACE OF INJURY THE BYJURY OCCURRED CITY DE TOWN AT HOME STREET PACTORS OFFICE FARM ETC. NOT WANTED 22s.I certify those spinian death accurred on the date and hour and from the causes stated and that in land DATE DATE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRESS (PORTA) NAME OF CEMETERY OR C 230 BURIAL, CREMATION, REMOVAL BALTIMORE, MD. BURTAL ERBYLDGCTODYETT 4600 LIB. AHGTS. AVE. DHMH - 16 50M 4/83 (VRA 15, 4)



330126	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE S	NO.	1 3		
		CEASED NAME FIRST		WIDDLE	(AST		20. DATE OF DEATH	MONTH D	DAY YEAR	26. HOUR a	
nay be page 3 rr death	,,,,,	Doroti	a y		Sn	ead		11 14	4 85	8 : 30 M		
	3. SE	x	4. RACE		5. DATE C		WE LD	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS	
ge 4 ector rs aft		Female		Black	MONTH 3	20	DRI IERR					
ath. Page eral direct 72 haurs		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	NEVER A	AARRIED T	9. BALTIMORE CITY	OR COUNTY	OF DEATH		
death.		_Maryland	U.	S. A.	WIDOWE	DO DE	VORCED	Baltimore	e city		MD	
offer of with diffied		altimore	(IF NOT IN SU	HOSPITAL, NUR JCH FACILITY, GIVE STI OUNT MO.	REET ADDRESS)		TITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Unemployed	TOF WORKING LIFE	126. KIND C INDUSTRY	OF BUSINESS OR	
filled in ourld be	13a :	AL RESIDENCE (IF NURSING HOME STATE 13b CO Aryland	OR OTHER INSTITUTION	N. GIVE RESIDENCE BE 134. CITY OR TO Baltin	OWN	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRES		Court 2	1217	
ed within 24 h		ATHER'S NAME FIRST Harry	MIDDLE	LAST Day	,		MAIDEN NA			Bro	51	
xecute and can ages ages	16a \	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIALSI	CURITY NO.	17. INFORMA	NT	ADD	PRESS			
n ond co		IO	GIVE WAR OR DATES!	212-26	-0711	Denise	Banner	man P. O.	Box 18	41 212	203	
ST., BALTI rrificate by a physiciar an papers. emaval. event, the		18 CAUSE OF DEATH (Enter	anly one cause pe	er line fag(a), (b),	and (c).)					BETWEEN	MATE INTERVAL ONSET AND DEATH	
physicate anpape emaval event, t	PART I. DEATH WAS CAU	SED BY: IATE CAUSE (0)	Lun	9 Cano	es .				2460	is		
e death cer e attending nave carbo traumatic e	Æ	Canditians, if any, which	DUE TO, (OR AS A CONSE	QUENCE OF	e. DIHL	use			1040		
has the by the ase rer crem ather		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, (OR AS A CONSE	OUENCE OF	1						
equires the signed Then plear to burial injury, ar	NO	PART 2. OTHER SIGNIFICAN	T CONDITIONS C	CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GIVI	EN (N PART 1	0	
The law reician. The has been sit permit. giene prior	CERTIFICATION	198. DATE OF OPERATION	19b. CON	DITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERTIF	, WERE FINDI	NGS USED S OF DEATH?	
PHYSICIAN: The It and ing physicion. This certificate has the buriol-transit per did Mental Hygene dar Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 18 PA	ART I OR PART 2)		
DING PHYS or attending After this a so the buy atthe and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFI	CE, FARM, ETC.)	211. LOCATIO STREET	N	CITY OR	TOWN	COUNTY	STATE	
TTENDI pital or TOR: A for use of Heal		22a.l certify that (I) (this has saw the deceased alive above (I) (we) (did) (did)	an	19	V C	nd that in (my)	(our) apinion	death accurred on the			that (I) (we) last causes stated	
0 . 0 . 0		abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DESCRIPTION DIRECTOR DESCRIPTION D									224. DATE SIGNED	
TO HOSPITAL Oretained by the TO FUNERAL B should be detained with the State of IMPORTANT: If		22d. PHYSICIAN'S NAME (TYP	onils			22e ADDRES	s /					
BP		BURIAL, CREMATION, REMOV (SPECIFY) Burial			RANGE OF CARBUTUS			2112000	S	THE RESERVE AND ADDRESS.	pander.	
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR Iley-Douglass	Funeral	Home 134	8 N. C	alhoun	St. NU	V 2 2 1985	AR 250 REGIST	rak's signa	TURE	

	13-	FOR STATE		•	DEPARTMEN	T OF HEALT	H AND MENTAL H	HYGIENE ~			
		REGISTRAR		MI	EDICAL EXA	MINER'S	CERTIFICATE C	OF DEATH	REG. NO.		
111		CEASED NAM	E FIRST		MIDDLE		LAST	2a DATE KN	OWN MONTH	DAY YEAR	26 HOU
-		CORTRICT	Cl	ara	S.		Snowden	DEATH MA	311-	1719 85	
W. WESTON STREET,	3 SE	X	4. RACE	5. DATE OF BIRTH	1 6. AG		INDER 1 YR. IF UNDER		нтиом	DAY YEAR	26 HOU
	f	emale	black	12 16			ITHS DAYS HOURS	MIN. PRONOUNCE	11	17 19 85	12:3
3-	7a. B		STATE OR		VHAT COUNTRY?	1.	RIED X NEVER MARR	9. BALTIMOR	ECITY OR COUNT		
5		Va		HSA			WED DIVOR		imore Cit	- 3.7	4.4
	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURSING	HOME, OR OT		120. USUAL OCCUPAT	ION TYPE OF WORK	126 KIND OF BU	
		Baltim	ore		FACILITY, GIVE STREET AD			FOR MOST OF WORKING		OR INDUST	ΚY
12	USU	AL RESIDENCE	LIF IN NURSING HOME O	ROTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	1	Unemployed			
5	130. 5	Md	136 COUNT	ſΥ	Baltimo	ore	YES X NO	13e STREET ADDRESS 104 N. MC	nastery	21229 Avenue	
	14_F	ATHER'S NAM	E	MIDDLE	LAST		15. MOTHER'S MAID	EN NAME MIDDL	E	LAST	
0		James		Н.	Shelte		Mildred			Massey	
7	166	WAS DECEASE	DEVER IN U.S. ARA		166 SOCIAL SE	CURITY NO.	17. INFORMANT	A	ADDRESS		
		No			203-18	-3322	Jesse Sno	wden 104 N.	Monasta	ry Aveni	ie .
		18 CAUSE	OF DEATH (Enter anl	y one couse per lir	ne for (a), (b), and (c).)				APPROXIMATE	INTERVAL
		PARTID	EATH WAS CAUSED	BY:	rterioscl	erotic	cardiovasc	ular diseas	e	SET MEET ON SE	AITO DEAT
28			, , , , , , , , , , , , , , , , , , ,		R AS A CONSEQU						17,00
(22			ons, if ony, which								
9			ise to immediate) stating the under-	DUE TO O	R AS A CONSEQU	ENCE OF					
		lying ca	use lost.								
		PART 2 OTHER S	IGNIFICANT CONDITIONS O	ONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PA	APT 1 (n)			
	I z										
=	CERTIFICATION	190. DATE O	FOPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED?			20 AUTOPSY	>
1	1≝									YES 🗆	NO D
E	1 5	21a EXTERN	AL CAUSE WAS	216. TIME C			HOW INJURY OCCURRE	ED LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PAR		110 []
3		UNDERLYIN	G OR ING CAUSE OF D	1	M. MONTH DAY	YEAR					
	MEDICAL	714 INTURY	OCCURRED		OF INJURY LATH		OCATION				
	星	WHILE	NOT WHILE C	STREET, FA	CTORY, FARM, ETC.)		STREET	CITY OR TOWN	COL	UNTY	STATE
		AT WORK	ALWORK	^	111111111111111111111111111111111111111						
		220. 1 cert	ify that I toak charg	e of the rempits of	party d abave, hel	dan Auto	psy 🔲 , Inspectio	in , Inquiry X	ond in my op	inian	
		death resul	ted from: Manua	gi couses Will	Maddent A	Suicide	, Hamicide	Undetermined monni	er,		
	1	ACTUAL	AV	7. 11	11 1/	_	TITLE (SPECIFY)				
_	1	SIGNATURE	- eu	drak	Just		M.D. Acting C	hie Edical EXAMINI	DATE ER SIGNE	D 11/17	/85
Z mar mar mar		EXAMINER'S	NAME	1	1						
6	1	(TYPE OR PR	INT) Tho	mas D. Si	mith, M.I).	ADDRESS 111	Penn St. B	alto.MD.		
	23a.		TION, REMOVAL 2				OR CREMATORY	23d. LOCATION	COUN	NTY ST	ATE
				11/21/85	Md Na	at Memor	rial Park	Laurel			MD
		UNERAL DIRE		ADDRE	55			REC'D. BY REGISTRAR		IGNATURE	
1	M.	Illam	C. March	F/H West	~4300 Wat	ash Ave	enue NO	V O O WE	53	me and France	CPC-

STATE OF MARYLAND

omptetely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

ad lsr

injury, ar ather traumatic event, the medical

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and constant be detacked for use as the burial-transit permit. Then please remove carban papers-Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

IMPORTANT: If Item 21 is marked or Item 18 shows any

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STATE OF MARYLAND

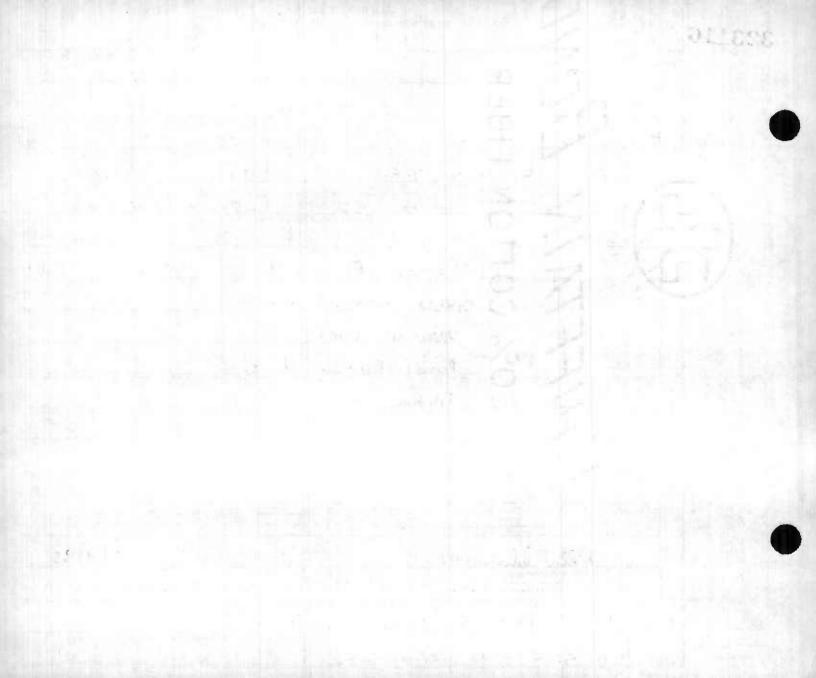
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

o CERTIFICATE OF DEATH

1-	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HY	GIENE REG. I	۷٥.		Approximation of the second of
	CEASED NAME FIRST		WIDDIE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(1176	WILL	IAM	H	SNOV	VDEN		11	13 85	6:41pm
3. SEX 4. RACE 5. DATE O				6 AGE IN YEARS LAST !	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
M B $\frac{1}{5}$			13 1941	44	YRS		NOOKS MIN		
76. BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED MARRIED				NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
Balto, Nd. U.S.A.			S.A	WIDOWE		BALTIMORE CITY MD.			
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL PROPERTY (IN SUCH FACILITY, GIVE STREET ADDRESS)					OR OTHER INSTITUTION	170 USUAL OCCUPA			OF BUSINESS OR
B	ALTIMORE		hraven V.A.			Driver Oil			
13o S	AL RESIDENCE (IF NURSING HOME STATE 136 CC	E OR OTHER INSTITUTION	130 CITY OR TOW	ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ZIP COST	ODE Z	1214
14 FA	JESSE JESSE	MIDDLE	Snowd	en	15. MOTHER'S MAIDEN N	WIDDLE		Conw	
16a V	VAS DECEASED EVER IN U.S., VES. NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	213-36-4		Frances	Mitchell 2	700	Garriso	n Blud.
	18 CAUSE OF DEATH (Enter	anly ane cause pe	er line far (a), (b), an	id ici i				APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAROLO - PULHONARY ARREST								
	DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if any, which (16) Upper 65 Bleed								
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF								
NO	underlying cause last (c) Probable Esophageal Variation								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0								
MEDICAL CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORM					200 AUTOPSY? 206. IF YES, WERE FINDINGS USED			
IFIC						YES TO NOT	YES NOT YES NOT NOT		
CER	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA								
AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19								
DIC	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION			COUNTY	
ž	WHILE NOT WHILE	(AT HOME S	TREET, FACTORY, OFFICE, I	FARM ETC)	STREET	CITY OR	OWN	COUNTY	STATE
	220.1 certify that (X (this ha	ospital) attended t	he deceased from _	NOVE 85	MBER 5, 19 8 and that in (nX) (aur) apinio	5 to NOVEMB	ER 13	19 <mark>-85</mark>	that X (we) last causes stated
	saw the deceased alive on NOVEMBER 13.19 85., and that in (nX) (aur) apinion death accurred on the date and have a above. X (we) (did) (dirXx) view the body after death. 72b. SIGNATURE DEGREE							22¢ DATE	
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						11/14	1185	
	27d PHYSICIAN'S NAME (1YPE OR PRINT) 27e. ADDRESS								
22- 0		OLOMON		NAME OF C		Raven B1	vd.B	altimo:	re MD
B	BURIAL, CREMATION, REMOV	23b. DATE	85 G		SON FOREST	CITY OR TOWN		COUNTY	STATE
24 FU	UNERAL DIRECTOR		ADDRESS_	+		ATE REC'D. BY REGISTRA	R 25b. REG		TURE
11	15- H. MORT	an 100	NS 1701	1	ENS	DITTILL A C AND	-A	a vacindar	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

002		REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 2b H
8	(TYPE	ORAZI	0 (GUS)	SPADARO	11-	28-85 3
1	3 SE		RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UN
0	2	M	W	5-7-04	8) YRS	
9/	I. BI	RTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
19/	18: C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	12 USUAL OCCUPATION	126 KIND OF BUS
40	B	ALTIMORE	ST. AGN	ES HOSPITAL	PRODUCE	(IFE) INDUSTRY
33	Dist.	THE DELICE WARRING ROME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE Y 134 CITY OR TOW	E ADMISSION) 13d INSIDE CITY LIMITS? YES NO NO	13. STREET ADDRESS / ZIP COI	FLD RD
12	7 1	THER'S NAME	IDDLE A LASTA	15 MOTHER'S MAIDEN NA	ME	IAST
48-70	F	RANK	SYADAR	DUSEPHIL	VE.	FARD
12	A 11	VAS DECEASED EVER IN U.S. ARM O OR UNKNOWN) (IF YES, GIVE Y	ED FORCES? 166 SOCIAL SECU	17 INFORMANT SPA	DARO WHIT	FEFELD
1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (b), on	dict.	ento repri	APPROXIMATE IN
948		IMMEDIATE		atony Whist		
9 40			DUE TO, OR AS A CONSEQUE	ENCE OF Keto Acidos	in Huserosausland	Con
tota tota		Canditians, if any, which gove rise to immediate	(b) 3/4/4/1		is Trypewsousing	ona
100		cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF		
ielory. a	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 110
and and	CERTIFICATION	INE DATE OF OPPRATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERT	ES, WERE FINDINGS U IFYING CAUSES OF DI YES \to NO
2 20	10.000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
モニノル		(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
119	CA					
A and Merital H	MEDICAL	214 INJURY OCCURRED WHILE AT WORK ALEXAMINER!	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	PARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY
recoth and Meritif P	MEDICA	21d INJURY OCCURRED WHILE NOLWHILE AT WORK 22a.1 certify that (I) (this haspital	(AT HOME STREET, FACTORY, OFFICE F	SIREET STREET	, to	, 19, that (I
n 21 is marked as then 18	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE 2 22a.1 certify the decessed olive an obove, (1) (we) (did) (did not)	(AT HOME STREET, FACTORY, OFFICE F	sireet , 19, and that in (my) (our) opinion		, 19, that (I
ore Dept. of Meoths and Merital H	MEDICA	21d INJURY OCCURRED WHILE NOTWHILE 2 22a.1 certify that (1) (this haspital sow the deceased alive an obove, (1) (we) (did) (did not).	(AT HOME STREET, FACTORY, OFFICE F 1) attended the deceased Iram	SIREET STREET	, to deoth occurred on the dote and ha	, 19, that (I
If the State Dept, of Health and Menfall H	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE 2 22a.1 certify the decessed olive an obove, (1) (we) (did) (did not)	(14) HOME STREET, FACTORY, OFFICE F 1) attended the deceased Iram	, and that in (my) (our) opinion DEGREE	, to deoth occurred on the dote and ha	, 19, that (I
with the State Dept, of Health and Mental P. MADRIANT, If them 21 is marked as then 18		21d INJURY OCCURRED WHILE AT WORK NOT WHILE OF AT WORK 22a. I certify that (I) (this haspital sow the deceased alive an obove, (I) (we) (did) (did not). 22d. PHYSICIAN'S NAME (TYPE OR P	(14) HOME STREET, FACTORY, OFFICE F 1) attended the deceased from 19 view the body after death. RRINT) RAME SH 236. DATE 236. N	, 19, and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS 97	, to deoth occurred on the dote and ha	., 19, that {I

AFEL THE OFFICE CONTROL (A LET MARKET E VID DIENE TO BEEN COUNTY SHIPMERE ST. ALNES HOSPIET PROLIT My EASTER SHOWNER SHOPE SHOPE TO THE STORY FRANK JUST JUST JUST SANKE TO SEE - 12 FOR THE STRUKES WITH THE FRIEND ON The second secon

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	death. Pa	funeral di	d gt once.
1201	ed within 24 hours ofter death. Page 4 may be	physiciol transformerery filled in by the funeral director, page 3 mappers. Pages 1 and 2 should be filed within 72 hours after death	vent, the medical expenied must be notified at once.
YLAND 2	thin 24 h	tely filled 2 should b	inef must
T., BAETIMORE, MARYLAND 21201	2430	oved mple	icol expm
SALTIMO	inficote be ex	sicio ingni pers. Pog	, the med
7	1. Fice	physic n pope	veni

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TO HOSPITAL OF ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 in retained by the hospital or ottending physician.	So		
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BP.	79 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicing from defined in by the funeral director, as should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours often	_	2
DHMH	- 16 6	OM	7/8
(V	RA 15	, 4)	

W.C.MARCH F/H CO

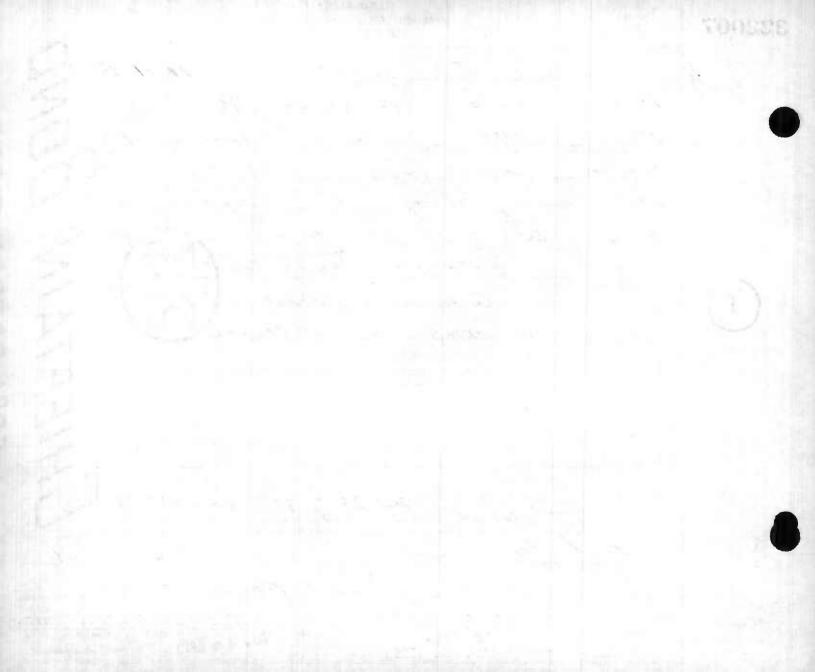
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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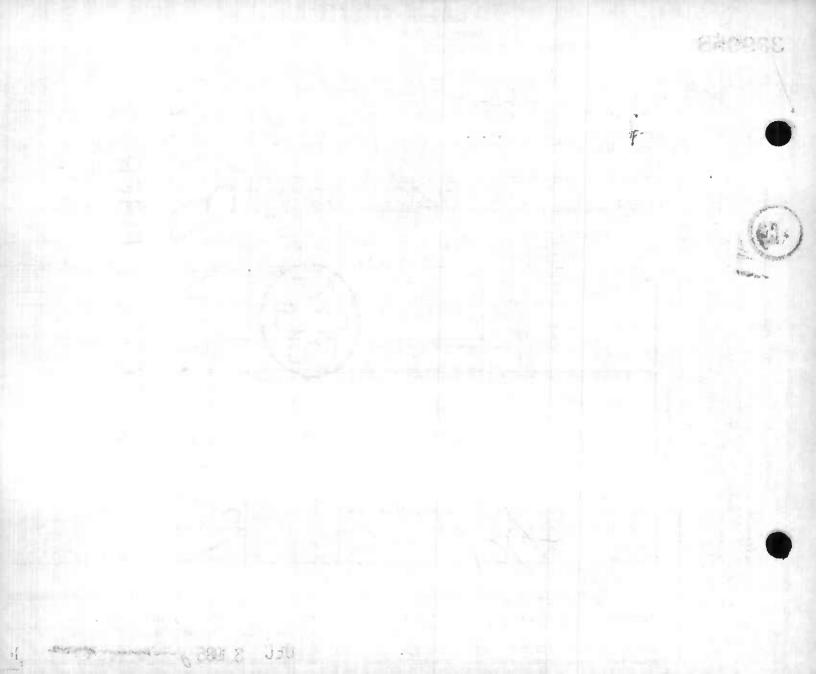
	1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL	HYGIE	NE O O	5		4 7	7
		CEASED NAME FIRST		MIDDLE		AST				AY YEAR	2b HOUR	_
	1	Berr	nard	٧.	Sp.	icer		November	5, 19	85	6:30A	AA
17	3. SE	X	4 RACE		5 DATE		6	. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR		
		M		D	MONT	26 18		6	7 YRS.	ONIHS DAYS	HOURS MIN	4.
		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	-		9	BALTIMORE CITY O		OF DEATH		
5		MARYLAND	U.S.A		WIDOW			Baltimore		15%	^	MD.
8		Baltimore	Mary	land Gene	eral .	OR OTHER INSTITUTION Hospital		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF Laborer		INDUSTRY	OF BUSINESS C	
5	130. S MA	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		13c. CITY OR TOWN BALTIMO	N	13d INSIDE CITY LIMITS YES 🛣 NO 🗌	1		ZIP CODE PLACE	212	17	
	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE		LA	ST	
0		ARENCE		SPICER		ROXANNA		-		HE.	ÄRN	
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE				7
		NO		219-01-1	.838	NOVELLA M.	. SP	ICER 1312	EUTAW	PLACE	APT. 3	1
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, O	r as a conseque	C Gas	NOT RELATED TO THE T			DITION GIVE	N IN PART 1	0	Section Section
7	CERTIFICATION	October 25, 1	005	tric Car		N WAS PERFORMED		200 AUTOPSY? YES NOTE:			NGS USED S OF DEATH?	
3		710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME O			21c. HOW INJURY OCC	CURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT OR PART 2)	. 10	7
1	Q.	(IF EITHER NOTIFY MEDICAL EXAMIN			19							
"	MEDICAL	?1d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STE	OF INJURY PEET, FACTORY, OFFICE, FA	ARM ETC)	71f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
		22a I certify that x (this has	pital) attended th	e deceased from_	Octo	ber 14 19 8	85	to _ Novembe	r 5 1	9_85	that (K(we) la	ast
	0	sow the deceased alive of ve. x() (we) (did) (did) The SECHATURE	n November the body	ofter death.	\$5	nd that in (X Y) (our) opin DEGREE ATTENDINI PHYSICIAL	IG	oth occurred on the do	F.		couses stoted	_
		John Ra	agheb, M.	D.	_	27e ADDRESS		nd General	/	tal		
		BURIAL, CREMATION, REMOVA			IAME OF C	EMETERY OR CREMATO		23d LOCATION	E			=
	((SPECIFY)	11-9-		KING.	MEMORIAL PA		RANDALSTON	٧N	COUNTY	MAR YLAN	ID
	24 EI	INIEDAL DIRECTOR				26-	DATE	DECID BY DECICEDAD	OF DECASED	A D/C (C)	T. IDE	-

1101 E. NORTH AVENUE

322007	1	FOR - STATE	D	EPARTMENT OF	E OF MARYLAND FEALTH AND MENTAL HYG	SIENE 8 5	3 3	5 0
GRADOI		REGISTRAR		CERTI	ICATE OF DEATH	REG. N	0.	
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	1-85	76 HOUR
moy be poge 3		Sim	on E	S	secht	11-1	1 11 85	5.45 AM
	3. SE	Х	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR	IF UNDER 24 HRS
s offi	1	Make	White	12	19 06	78	MONTHS DAYS	HOURS MIN.
Pog Hound	7c. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEATH	
nero nero	1	COUNTY	USA	WIDOW		Balton	ety	MD.
with with)0 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPAT		BUSINESS OR
5 5 5	21	Baltimore /	CAnsus 14	//	1.1	Stock Inco	and a	/
212	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDEN		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		
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rthin ithin	H F	ATHER'S NAME	9		15. MOTHER'S MAIDEN NA	ME	/	
MAR wed w	/		MIDDLE SOCIAL	61	Be-16a	WIDDLE	River 18	Echer
RE, co	16a \	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCI	AL SECURITY NO	Beverly,	Cammaga	same addres	101
SALTIMORE, cote be execut on the beautiful to the beautif	/	(IF YES, GI	VE WAR OR DATES)	10-4770	14 201,61	Gailliage (same addres	15)
ALT ALT		18 CAUSE OF DEATH (Enter of	nly one cause per line far (o)	, (b), and (c)			APPROXIMA BETWEEN ON	ATE INTERVAL
T SE		PART I. DEATH WAS CAUSE	TE CAUSE (a)	o selm.	very Arres	1		
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W. PRESTON of the death of the or fidin te emb of contraction for matter		Conditions, if any, which	(b) Meta		once or Pi	hornx		
PR he		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				THE
1 W		underlying cause lost.	(10)	. 102002.102				
res the res the place of the pl		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BU	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART 11a	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law require outending physicion. Site this certificate has been surface the buriol-tronsit permit. The hood Mental Hygiene prior to to reked or frem 18 spews ony injury.	CERTIFICATION							
ECO ow	CAI	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	
ALR iche i	TIE					YES NO	YES	NO 🗆
VIII N. I Tysici I Ty		21a ACCIDENT WAS UNDERLYING		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
SICIA pg pl centrif riol:t frem	MEDICAL	OR CONTRIBUTING CAUSE OF DE	AIRI	19				
HYS of this of Man	ED	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
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a se		220.1 certify that (I) (this hosp		17 10 11	123 19 55		19 19 th	(we) last
R ATTEN hospital RECTOR RECTOR red for upt. of H ipt. of H		sow the deceased alive ar	ot) view the body ofter death	19_83.0	nd that in toy (our) opinion	death occurred on the d	ate and haur and from the co	iuses stated
		17th SIGNATURE	0 1		DEGREE		22c. DATE SI	GNED
the O He O		Clerk ,	12	-	ATTENDING PHYSICIAN [MEDICAL STA		1/85
SPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT	1	226 PHYSICIAN'S NAME (TYPE	OR PRINT)	-1-4-	22e ADDRESS		///	
TO HOSPITAL retoined by the TO FUNERAL should be detained with the Store IMPORTANT: If		Herold 6	Judm.~		22 5 6	Thunk .	St B. 11	
5 g 5 g ₹ ₹ ₹		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		
BP		emoval-Burial	11/14/85	Woodlaw	n Mem. Park	Allentow	n-Lehigh Co.,	Penna
DHMH - 16 60M 7/B4		UNESCHIMUNEK FUN		VC.	25a. DAT		256. REGISTRAR'S SIGNATUI	RE
(VRA 15, 4)		3331 Brehms La	- A	DDRESS		12 198) juicing den	Mandelle



	1	FOR		n	FPARTM	STATE ENT OF HE		RYLAND ND MEN		ENE D	3	1 3	5 1	
0.00000	1-	STATE REGISTRAR				KAMINE				EATH	REG. NO.			
339058	1. DEC	CEASED NAM	E FIRST		MIDDLE		LAST	7		2a. DATE K		MONTH DAY	YEAR	2b. HOUR
Mayir	(TYB	FOR PRINT!	Ethe	1	M.		Spi	rinke	1	OF DEATH A	AATED	11/26/	1985	
O SONOR	1. SEX		4. RACE	5. DATE OF BIRTH		AGE (IN YEARS	IF UNDER	R 1 YR. IF	UNDER 24 H			MONTH DAY		25 HOUR
N SACES	Fe	male	White	02-12-192		63 YRS.	MONTHS	DAYS H	OURS MIN	PRONOUNC	ED	11/26/	1985	P M
New Year	7a BI	RTHPLACE (S	TATE OR	76. CITIZEN OF WH	AT COUNTR	Y? 8	MARRIED	□ NEVE	R MARRIED	9. BALTIMO	RE CITY OR	COUNTY OF		100
# # # # # # # # # # # # # # # # # # #		ryland		U.S.A.			IDOWED		DIVORCED		more C	itv.		MD
SERAN SERVICE	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSE			R OTHER I	INSTITUTIO		USUAL OCCUPA	TION (TYPE OF	WORK 12b K	IND OF BUS	SINESS
A TARRA		Baltim	ore	832 W.		Street				Homemake			-	
S S S S S S S S S S S S S S S S S S S	USUA 13a. S	L RESIDENCE	(IF IN NURSING HOM	E OR OTHER INSTITUTION, GIV	130 CITY O	FORE ADMISSION)	1134	. INSIDE CITY	HMITC2 13a	STREET ADDRESS	5			
E ASEG	200	ryland	150. CO	_		imore		gentley.	-	332 W 32		eet 21	211	
A works		THER'S NAME		MIDDLE	LAS		15.	MOTHER'S	S MAIDEN N	AME	DIE		LAST	
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HE SUN /	16a. W	AS DECEASE	DEVER IN U.S. A	ARMED FORCES?	16b. SOCIA	L SECURITY N	0. 17.	INFORMA	NT		ADDRESS			
A A GA PA		No	-	ve van on oares,	212	52 913	4	Shirl	ley M.	Lynn 32	5 Leit	on Rd	Reist	ersto
2 8 × F O		18 CAUSE C	OF DEATH (Enter	anly ane cause per line	ar (o), (b), o	end (c).)						BET	APPROXIMATE	INTERVAL AND DEATH
EN SANGER		PARTIDE	EATH WAS CAUS	SED BY: IATE CAUSE (0)	Arter	ioscler	otic	Card:	iovasc	ular Dis	ease			
MOV ALCOVO				DUE TO, OR	AS A CONSE	OUENCE OF								
R E SAN SE		gove ri	ns, if ony, whi ise to immedia	te (b)										
TW.		cause (o lying cau) stating the <u>under</u> use last.	DUE TO, OR	AS A CONSE	OUENCE OF								
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RECORDS LD BE EXEC PENDING PENDING REDICAL MEDICAL CREMAN CREMAN	-	PART 2 OTHER S	IGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMINAL	OISEASE OR	CONDITION GI	IVEN IN PART 1 to	i.	1	N IV		
LINECO JUD BE F WED F WE	ě			Disorder	,			1						
	Ş	19a. DAIE OF	OPERATION	196 CONDIT	ON FOR WI	HICH OPERAT	ON WAS I	PERFORME	D?			2D	AUTOPSY?	
> 200 RFS -	CERTIFICATION	21. EVTERNI	AL CAUSE WAS	21b. TIME OF	th LILIPAY		*1	D. I. I. I. D. I. O.					YES 🗆	NO X
DIVISION OF VI SCERTHCATE & RITHS THE WO ROED TO THE O RES SHOULD BE E DEPARTMENT.		UNDERLYING	G OR	HOUR A.M.		AY YEAR	ZIE HOW	INJURY O	CCURRED (E)	NTER NATURE OF INJUI	IY IN ITEM 18 PAR	T 1 OR PART 2)		
CERTIFIC CERTIFIC TING TH DEPARTM PRICE 1	MEDICAL	CONTRIBUTI	NG CAUSE C	P.M. 21e PLACE C	E INTITION	19	II. LOCAT	ION						
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HAWAS ZIZ		AT WORK	AT WORK							7	_			
SE S		22a. I certi	ify that I taak cho	orge of the emains desc	ribed obove	, held an	Autopsy	□, <u></u>	nspection X	. Inquiry	and i	n my apinion		
WENDER STATE		death result	ed from: Na	turol courte L.X.	Cident L	, Suicid	е Ц.	Hamicide	UI UI	ndetermined man	ner .			
WAN PEGER		ACTUAL	1	TIM				TITLE (SPE				DATE 1	2 (07)	105
MEDICAL EXA SECUTE THE CER IGE 4 SHOULD PENNEAL DIR TER DEATH, WILL LTIMORE, MAR	1	SIGNATURE		VVI	_		M.D	Assi	stant,	MEDICAL EXAMI	NER	SIGNED	1/27/	85
NO STATE	1	EXAMINER'S	NAME C	regory R. K	auffm:	an M F			11	l Penn S	2+			
TO MEDIC EXECUTE PAGE 4 15 TO FUNE AFTER DE BALTIMO	22 - 51	TYPE OR PRI	NT) G			ME OF CEME		DRESS		d LOCATION) L •			
	(5	Burial		Nov 30,198		me of cemen rraine				CITY OR TOWN Woodlawn	. Bal+	COUNTY	Md ST/	ATE
07/84 BP		JNERAL DIREC		NOV 30,198	2 10.	rraine	LULK			D. BY REGISTRAR				
DHMH - 17 (VR A15 ME (5))				uneral Home	. Balt	bM o	21211		DEC	3 1985			March College	
(AK W12 ME (2))	_	3			,	-5. 114	1		JLU_	J 600				



(VRA 15, 4)

					STATE OF MARYLAND
,	FOR				DEPARTMENT OF HEALTH AND MENTAL HYGIENE
1 -	STATE REGISTRAR	CLARA	M.	SROKA	CERTIFICATE OF DEATH

3005	1 -	FOR STATE REGISTRAR CLARA M.		CERTIFICATE OF DEATH	REG. NO.	
dege 45	1. DEC (TYPE 3. SEX 7e BIF	EASED NAME PRINT) Canada Can	M. RACE WHITE CITIZEN OF WHAT COUN V. NAME OF HOSPITAL, NI VENOT IN SUCH FACILITY, ONE WOOD WOOD	S. DATE OF PIRTH 11 S. DATE OF PIRTH 11 VEAU 20 DATE OF DEATH MONTH. 20 DATE OF DEATH MONTH. 20 DATE OF DEATH MONTH. 21 PARTIMORE CITY OF COULD Baltimo 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN) Nurse 22 132 STREET ADDRESS 4 ZIP CO	TO CITY 12b. KIND OF BUSINESS	
and on the same	110		ED FORCES? IN SCIAL STATES	SECURITY NO. 17 INFORMANT 22-1577 Collette	1221SCa	Dominical noberwell Road ille, MD. 2122
been signed by the attending mir. Then please remove carbon area to burst, cremation, or re- ony injury, or other traumatic e-	CATION	Canditions, if any, which gave rise to immediate cause (a), stofing the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING	w > mada	200 AUTOPSY? 20b. IF	GIVEN IN PART 110 FYES, WERE FINDINGS USED RITHYING CAUSES OF DEATH?
Aber this certificate has e as the buriel frame per alth and Mental Hygiene a marked or them 18 shaws.	MEDICAL CERTIFICA	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this house	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	19 DAY YEAR 19 21f. LOCATION STREET	YES NO NO CURRED (ENTER NATURE OF INJURY IN ITEM	YES NO
FUNERAL DIRECTOR old be detached for un the State Dept of the ORTANT, if Nem 21 is		saw the deceased alive an eabave, (1) (we) (did) (did not) 72% SIGNATURE 72d PHYSICIAN'S NAME (TYPE OF	view the body after death.	DEGREE ATTENDIN PHYSICIA		hour and from the causes stated 27c. DATE SIGNED 11 13 85

1630 Edmondson Avenue, Catonsville, MD. 21228

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 329056 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) STAIMA 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1896 88 9. BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED T 10 CITY OR TOWN OF DEA NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126, KIND OF BUSINESS OR INDUSTRY AT HOME BALTIMORE JOUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 13c, CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? BALTO. BALTIMORE 6604 DALTON DR. #21207 MARYLAND NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE MEYERWITZ DENA JOSEPH ROSEMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT MRS. GRETA MONDELL (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST 21207 6604 DALTON DR. BALTO., MD NO APPROXIMATE INTERVI BETWEEN ONSET AND DI 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I/O CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a | certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS the S ORTAN 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) BURIAL NOV.12,1985 MIKRO KODESH-BETH ISRAEL BATTIMORE 85 REGISTRAL'S SIGNATURE NO SECOND 24 FUNERAL DIRECTOR SUL LEVINSON & BROS. INC. DHMH - 16 50M 4/83 BALTO., MD 6010 REISTERSTOWN RD. (VRA 15, 4)

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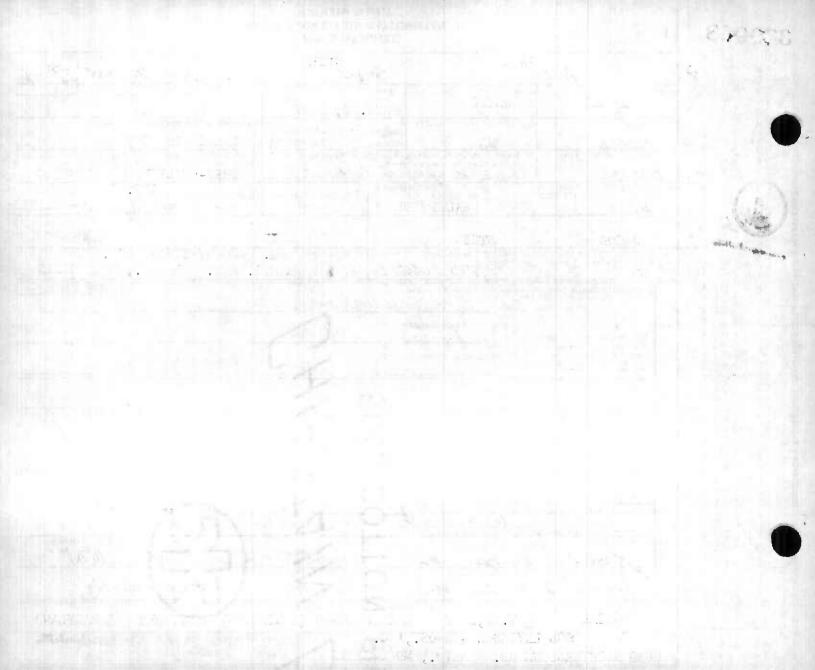
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BP	_	BURIA!	236 DATE 236 N 11-27-85 D	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	EDINTY GNEW
DHMH - 16 50M 4/83	17	NERAL DIRECTOR	Yuday Bordi	111/1/1/1/1/10	TE REC'D. BY REGISTRAR 256. REGI	STRAP'S SIGNATURE



24.000		1-	ITEM NUMBER 1 OR 11-12-85 D.	W. D	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL		1 3 5	5
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ш ю	6		OR PRINT)		MIDDLE		20. DATE KNOWN [OF ESTI-	MONTH DAY	YEAR 26 HOUR
EASI TOR DUR		3. SEX	IDA 14. RACE	5. DATE OF BIRTH	IA AGE (IN YEAR)	STEFFEN	DEATH MATED ER 24 HRS. 2c. DATE	X 11 2 19	85 N
DIRECTOR FOR PARTIES OUR FOUR FOUR FOUR FOUR FOUR FOUR FOUR			MALE CAUC.	08 / 31	/ 09 LAST BIRTHDAY)		MIN. PRONOUNCED DEAD		85 11 _Å 1
IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS	35	FO	THPLACE (STATE OR EIGH COUNTRY) ARYLAND	76. CITIZEN OF WHA		MARRIED NEVER MAI	RRIED 9. BALTIMORE CITY		MD
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE WRITING THE WORRD. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNER MINETONE, PAGE 3 SHOULD BE USED SHERP OF A SHOULD BE TREED TO THE CHIEF.	RE, MARYLAND, 2		22a 1 certify that I taak chare death resulted from Natural ACTUAL SIGNATURE	[10]	ribed abave, held an Accident . Suici	Autopsy , Inspect de Homicide TITLE (SPECIFY) M.D. ASSISTA	Undetermined manner ,	DATE SIGNED 11-4	4– 85
TO MEDIC EXECUTE 1 PAGE 4 SI TO FUNER	LIMO		EXAMINER'S NAME Ann	M. Dixon,	M.D.	ADDRESS 111	Penn St., Balto	., MD 2120	1
4 BP	8	BI	IRIAL	236. DATE 11/06/85	ST. STANI			ARYLAND	STATE
DHMH - 11 (VR A15 ME			NERAL DIRECTOR NAME ACZOROWSKI FUNE	RAL HOME 2	525FLEET ST	21224 250. DAT	E REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURI	E

3090	84	1.	FOR STATE REGISTRAR	DEPAR	RTMENT OF I	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	0	<i>)</i> 5	
y be	poge 3	(TYPE	CEASED NAME FIRST PGUL	PAUL	Sta	STEIN	Went		988 5	HOUR 50
ge 4 mo	offe offe	3. SE.	M ALE	WHITE	S. DATE (6. AGE LIN YEARS LAST BIR	YRS.	DAYS HO	UNDER 24 HRS
of. Po	72 hours	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA	76. CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		EATH	
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4	t bc		THER'S NAME FIRST JACOB	STEIN LAST		15. MOTHER'S MAIDEN NA/ FIRST GOLDIE	WIDDEE		10LDÖFS	SKY
MORE.	Pogen Pegen	16a V	VAS DECEASED EVER IN U.S. AF (ES. NO OR UNKNOWN) (1F YES. GI	RMED FORCES? VE WAR OR DATES) 2/5 0/		17 INFORMANT MRS. 671 PARK HT		MEIN APT BALTO., M	. 214 ID 21	1215
T., BALI	physicio in popers imovol.		PART I. DEATH WAS CAUSI	nly one couse per line far (a), (b), ED BY: TE CAUSE (o) Las dev		or allgesz			APPROXIMATE BETWEEN ONSET	INTERVAL FAND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON SI NG PHYSICIAN: The low requires that the death cert attending physician.	signed by the ottend hen please remove co to buriol, cremotion, c njury, or other troumo	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECT (b) Mag (1) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING T	OUENCE OF	NOT RELATED TO THE TERM	inal disease or coni	DITION GIVEN IN	PART Iro	
AL RECOR	te hos been ssit permit. I giene prior shows any ii	CERTIFICATION	190 DATE OF OPERATION	196, CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	
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IVISION JG PHYS offending	ter this	WEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f. LOCATION STREET	CITY OR TO	WN CO	YTAUC	STATE
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TO HOSI	should be def with the Stote	22- 4	Fridad J.			Sina Hisple	123d LOCATION	of GREAT	·nig	
BP.			SURIAL, CREMATION, REMOVAL	NOV. 27, 1985	CHIZU	EMETERY OR CREMATORY K AMUNO (ARLI)	NOTONY "BALT			
	16 50M 4/B2 A 15, 4)		NAME	LÉVINSON & BROS WN RD. BALTO.,		21215 ZSO DAT	REC'D, BY REGISTRAR 3 1985	756 REGISTRARS	SIGNATION	The Bellin



331063	1	FOR - STATE REGISTRAR	DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE REG. NO	3 1 3	5 /
o m.	19	ASED NAME FIRST	ERTRUDE M.	STEI	LMASZAK	20. DATE OF DEATH ANOVEMBER	21, 1985	10:30 P
page	3.5		4 RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTH		M
ector.		Female	White		. 28° 1924°	60	MONTHS DAY	
nerol dir.	Fa. 1	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	TPY2 8	D NEVER MARRIED X	9. Baltimore CITY OR Bultimore	COUNTY OF DEATH	MD
201	FB	altimore	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Church Hospital	URSING HOME STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Secretary	N 126 KIND	OF BUSINESS OR
AND 21	5 130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE JINTY BULLE	TOWN	13d INSIDE CITY LIMITS? YES NO [136 STREET ADDRESS /	zip code the St. 212	23/
makyl makyl makyl makyl myletely ond 2 si		ATHER'S NAME Frank	MIDDLE Stelmin	€/.	15. MOTHER'S MAIDEN N Mary	WIDDLE	Piecho	cki
be executed on ond of strangers. Poges	160	WAS DECEASED EVER IN U.S. A		6-9222	Grene Nehri	address	_	21218
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND NG PHYSICIAN: The low requires that the death certificate be executed within 2 otherading physician. If the this sertificate has been signed by the offending physician and completely file os the buriol-transit permit. Then please remove carbonopapers. Pages I and 2 should the and Mental Hygiene prior to buriol, cremotion, or removal. Orked or them 18 shows any injury, or other troumatic event, the medical examinet man	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING BETIS MELLIT	EQUENCE OF	IC CANCER	minal disease or cond	ITION GIVEN IN PART	lio
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HOSPITAL bined by the FUNERAL bould be detrible the Postant.		22d PHYSICIAN'S NAME (19/16 PAUL GO)	OR PRINTI		220 ADDRESS CHUF	MEDICAL STAFF DIRECTOR PHYSICIA CH HOSPITA DADWAY BALT	L CORPORA	
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DHMH - 16 60M 7/B4 (VRA 15, 4)		hn M. Veben &	Sons Inc. 401	Ess. Che		TE REC'D. BY REGISTRAR 25	B. REGISTRAR'S SIGN	

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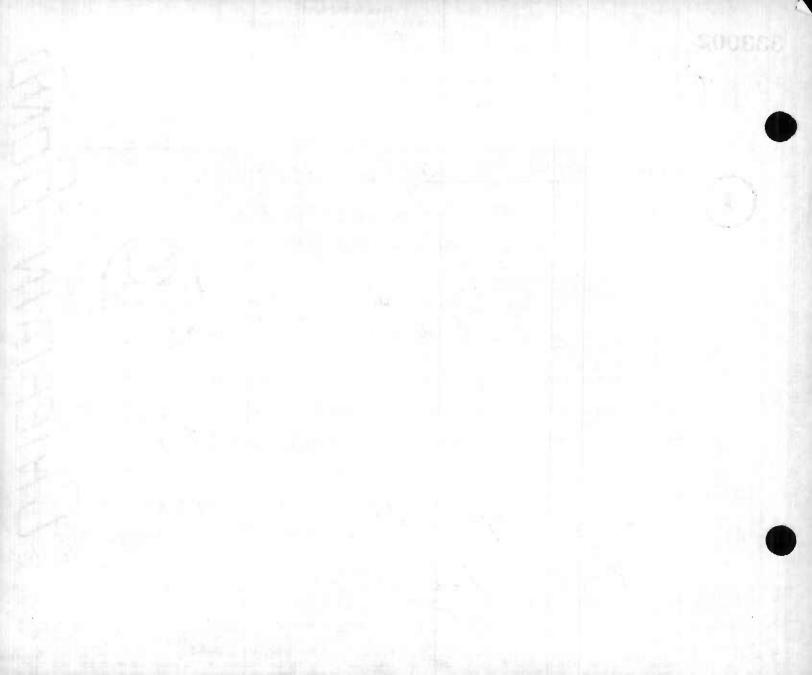
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

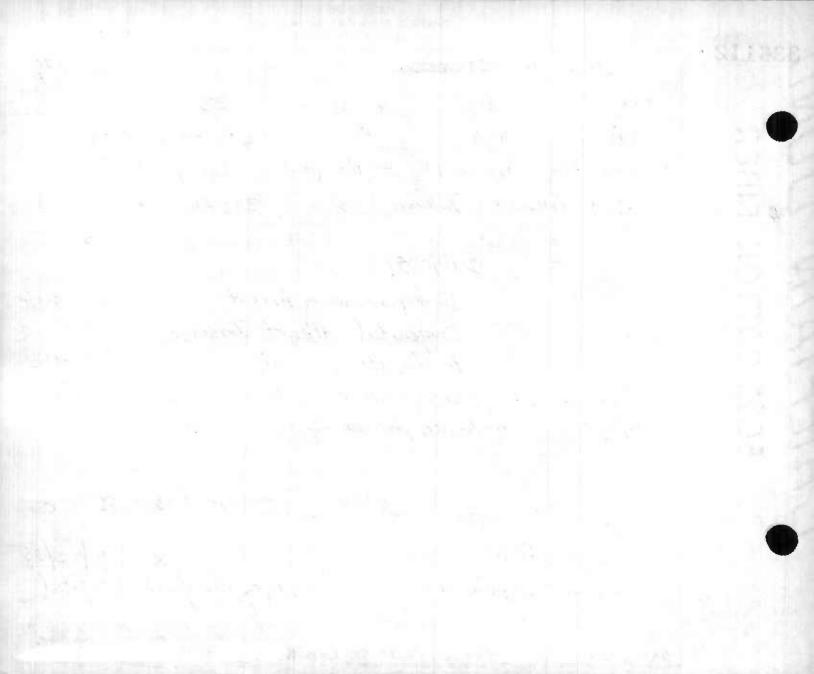
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219	CITY OR FOWN OF DEA	A de	. NAME OF			OR OTHER INSTITUTION	IN USYM OCCU	PATION		OF BUSINESS OF
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I ho.	WAS DECEASED EVER	IN U.S. ARME		IAL SOCIAL SECUI	HTY NO.	D INFORMANT	λ	DORESS	15/2	
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CERTIFICATION										
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1 3	OR CONTRIBUTING		P.		19					
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	the deceop	d alive on	11/	22 10_	850	nd that in (my) (our) opinion	death accurred on	the date and h	our and from the	course stated
	17h SIGNATURE	pay (aid nat) i	new the dy dy	other death.		DEGREE			DE DAT	E SIGNED /
1			-	100	3	ATTENDING	MEDICAL			
1	1 John	Ne	Lu	- n c		PHYSIC (AN)		STAFF HYSICIAN D	1	1/22/81
-	224 PHYSICIANS N	AME for our	fue	inc	-	PHYSICIAN 27# ADDRESS	DIRECTOR PI		1,1	1/22/88
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DHMH - 16 60M 7/84 (VRA 15, 4)

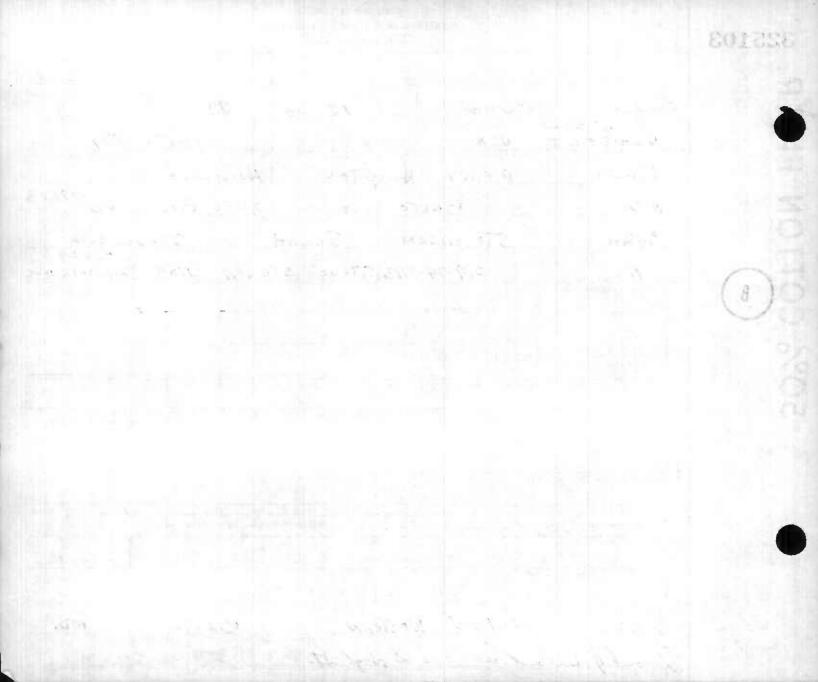
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

NOV 25 1985



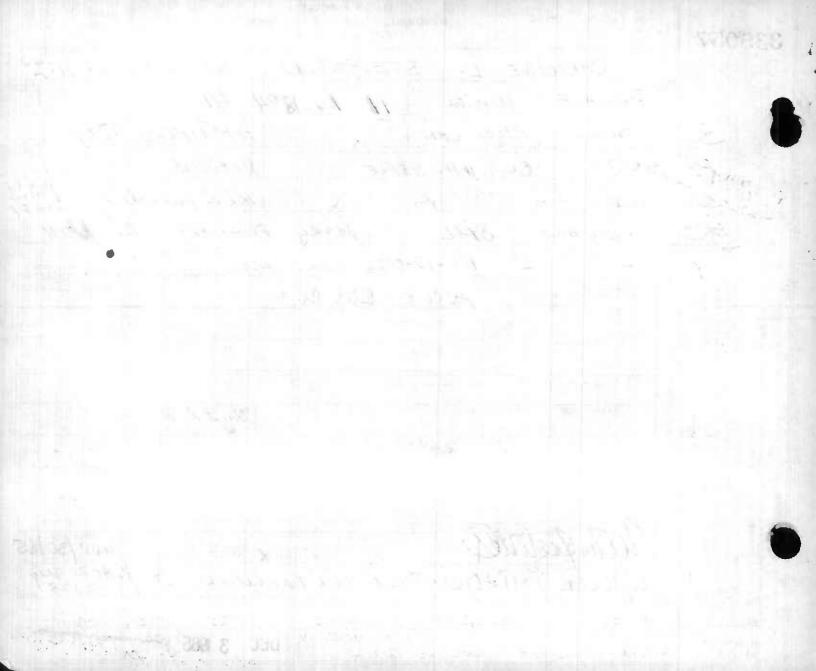


3	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		8 S	3	1 3	6 0
		CEASED NAME FIRST	MIDDLE		AST	2a 1	DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR
		MARI		STE	iens		7	17. 7	. 85	8.30
	3. SE		CAUCASI AN	5. DATE C	DAY_ Y	CEAR OA	ĢE TINYEARS LAST BI	RTHDAY)	IF UNDER I YEAR	HOURS MI
:9	7a. BI	RTHPLACE IS MOREORISEMS COUNTRY).	CITIZEN OF WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRI	IED 'L	ALTIMORE CITY S		OF DEATH	7
27		BALTO	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MEACX	ADDRESS)		ION 12a	USUAL OCCUPATE OF WORK FOR MOST	OF WORKING LIFE		OF BUSINESS O
33	13a S	MD. ISTO COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR TY 13c. CITY OR TOW	VN_	13d. INSIDE CITY LIV YES NO	MITS? 136.5	TREET ADDRESS	SZIP CODE		2121
20	14. FA	THER'S NAME John	STEVENSO		15. MOTHER'S MAII	CAH	WIDDIE	STE	ver se	s1 W
1		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDR	ESS	21	224
1		No	219-74.	-22830	STeve	STE	VEN .	1103	DUNI	DAIK A
		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	ENCE OF	of Accus	0201				deip
0	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO TO	HE TERMINAL	DISEASE OR CON	UDITION GIVE	EN IN PART 1	a
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		ES NO	IN CERTIFY	, WERE FINDING CAUSES	NGS USED OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D.	AY YEAR	21c HOW INJURY	OCCURRED	ENTER NATURE OF INJU	JRY IN ITEM 18 PA	ART I OR PART 2)	Jan.
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	FARM, ETC)	21f LOCATION STREET	235	CITY OR TO	NWC	COUNTY	STATE
		220.1 certify that (14 (this hospite sow the deceased alive on above, (1) [we] (did) [atd not	11 7 19		d that in (my) (ove)	apinion death	occurred on the o		and fram the	
		226 SIGNATURE CLUB TU	u JBell-leffen		DEGREE ATTEN	IDING ME	EDICAL STA	CIAN Z	22c. DATE	SIGNED
1		220 PHYSICIAN'S NAME (TYPE OR CHRISTINE J. BE	FLL-UTFFERMAN	MD	120 ADDRESS WERCY +	lostin	. 301.	ST. PAL	US PLA	CE MD 2
	(URIAL, CREMATION, REMOVAL SPECHY)	11 11 01	NAME OF CI	EMETERY OR CREM	ATORY 2	O A C	To	COUNTY	MD,
/84	24 FL	Pront of Del	he the 322	86	fight.	NOV P	D. BY REGISTRAR	25b. REGISTE	rar's signat	TURE



	1-	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	SIENE [©]	0 1 0	
339057		REGISTRAR EASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO		b. HOUR
nay be page 3		ORPRINT) CAROLII	VE L. S	STEVENSON	nov.	- 30-85	11:4
ge 4 mo) scror. po	3. SEX	FEMALE "	White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER 24 HR
nerol dir		RTHPLACE (STATE OR FOREIGN 76 OUNTRY) .	AHERICAN	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	COUNTY OF DEATH	,
by the for	HO CI	Y OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION OF MOST OF REST CONTRACTOR	WORKING LIFE) INDUSTRY	BUSINESS C
	USUA 13e. S	L RESIDENCE (IF NURSING HOME OR OF TATE 136. COUNTY			13. STREET ADDRESS /	758 Elwas A	120
d with	14. FA	THER'S NAME FRET HOW ARD ME	DDLE STILL LAST	15. MOTHER'S MAIDEN NA	PRANCE'S	De 1	6.11
n ond obn Poges in		VAS DECEASED EVER IN U.S. ARMI ES. NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECU		601 Lare	So Rd. •	2077
requires that the en signed by the Then please rem or to buriol, cremo rinjury, ar ather the	NOIL			DEATH BUT NOT RELATED TO THE TERM			
law os be os bernit ne pric	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	20m ALITOPSY2 4	20b. IF YES, WERE FINDING	
66 4 6 6	5				Limited YES NO	IN CERTIFYING CAUSES O	
N: The hysicion hysicion hysicion hygier Hygier Hygier Hygier		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	YES NO	YES 🔲	F DEATH?
3 PHYSICIAN: The intending physicion per this certificate he the buriol-tronsit pond Mental Hygier and Acatal Hygier and contrem 18 show and or term 18 show and or te	MEDICAL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	AY YEAR 19 211 LOCATION	YES NO	YES	F DEATH?
ENDING PHYSICIAN: The tol or ottending physician DR: After this certificate hir use as the burial-transit Health and Mental Hygier Health and Mental Hygier I is marked or Item 18 show		OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 27a. Ecertify that (1) (this hospitole the deceased olive on a second of the deceased of the contribution of t	HOUR A.M. MONTH D/P.M. 71e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 211 LOCATION STREET	YES NO RED (ENTER NATURE OF INJUR CITY OR TO	YES THE TENT OF PART 2) VN COUNTY , 19 , th	F DEATH? NO STATE
L OR ATTENDING PHYSICIAN: The haspital or attending physician to buse the haspital or attending physician haspital states as the busicial rooms for bed for use as the busicial rooms be Dept. of Health and Mental Hygier if them 21 is marked or item 18 show		OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 27a. Ecertify that (1) (this hospitole the deceased olive on a second of the deceased of the contribution of t	HOUR A.M. MONTH D./ P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	AY YEAR 19 211 LOCATION STREET , 19 , ond that in (my) (our) opinion DEGREE	YES NO RED (ENTER NATURE OF INJUR CITY OR TO	YES	F DEATH? NO STATE
ITAL OR ATTENDING PHYSICIAN: The by the haspital or attending physician ERAL DIRECTOR: After this certificate he detached for use as the burial-transit pside Dept. of Health and Mental Hygier N.T. If them 21 is marked or Item 18 shaw.		OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 27a. Ecertify that (1) (this hospitole the deceased olive on a second of the deceased of the contribution of t	HOUR A.M. MONTH D/P.M. 71e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 211 LOCATION SIREET , 19 , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN (YES NO NO RED (ENIER NATURE OF INJUR CITY OR TOV death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	YES	F DEATH? NO STATE
OR ATTENDING PHYSICIAN: The hospital or ottending physician be hospital or ottending physician DIRECTOR: After this certificate hoched for use as the burial-transit popts, of Health and Mental Hygier tit hem 21 is marked or tem 18 show tit hem 21 is marked or tem 18 show	WEDICAL	OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTHEY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOTHEY MORK AT WORK 22d. I certify that (I) (this hospito the deceased alive on others. (I) Map) (did) (4) did not 22d. PHYSICIAN'S NAME (TYPE OR S	HOUR A.M. MONTH DIP.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. F. 1) ottended the deceosed from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	AY YEAR 19 211 LOCATION SIREET , 19 , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN (YES NO RED (ENTER NATURE OF INJUR CITY OR TOV deoth occurred on the do MEDICAL STAF DIRECTOR PHYSIC 23d. LOCATION CITY OR TOWN Balt imore	YES YINITEM 18 PART I OR PART 2) VIN COUNTY Te and hour and from the county TALL DATE SI TALL D	STATE STATE of (I) (we) II or (S) (WE) II STATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF

FDEATH	REG. N

REGISTRAR				CERTIFI	ICAIL OI	PLAIN		REG. NO.					
DECEASED NAME	FIRST	A	MIDDLE		LAST		2a. DATE OF DE	ATH MC	HIM	DAY	YEAR	2h HOUR	R
THE OR PRINTS	ERNEST	I		STEW	ART		7.50	11		25	85	5:50	a,
SEX	4	RACE		S. DATE C			6. AGE (IN YEARS	LAST BIRTHD	AY)		ER TYEAR	IF UNDER 2	24 HRS
Male		White	100	12		1918	66		YRS	MONTH	DAYS	HOURS	MIN.
BIRTHPLACE (STATEO	R FOREIGN 76		WHAT COUNTRY?	8.			9 BALTIMORE	CITY OR C		Y OF D	EATH		-
COUNTRY)				MARRIE	_	MARRIED -	- 10 10 20						
Washington		U.S.F	A. HOSPITAL, NURSIN	WIDOWE		STITUTION	BALT 12a USUALOC		-	CITY	~	F BUSINES	SS OF
	1	(IF NOT IN SUC	BALTIMORE	ADDRESS)	VT AND	21210	(TYPE OF WORK FO			LIFE IN	DUSTRY	DOSINE	JJ ()1
Baltimore UAL RESIDENCE (FNU	DEILIC HOME OF O				TIMUD	21210	Coun	ter		B	eth.	Steel	S
STATE	13b. COUNT	Y	13c. CITY OR TOW		13d INSIDE	CITY LIMITS?	13e.STREET ADD	DRESS / Z	IP COL	DE			
Maryland	Balt	imore	Dundal	.k	YES 🗌	NOXX	1929 B	arry	Roa	ad		21222	
FATHER'S NAME	AA II	DDIE	LAST		15. MOTHE	R'S MAIDEN NAM		NDDLE			1AS	7	
Charles	7444		Stewar	t	C	adie	,					ctor	
WAS DECEASED EVE			16b. SOCIAL SECU		17 INFORA			ADDRESS	341	6 V	orkw		
(YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	577 09	8257	Donn	a L. Wo	1 6 6			to.		2122	2
1					L DOM	а L. WO.	TTT		Dal			MATE INTERV	
18 CAUSE OF DEA	WAS CAUSED	BY.	CARDIA		ILURI						BETWEEN (DNSET AND D	DEATH
PART 2 OTHER SIC		L. Trie	Altero										
190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPS		NCERT			OF DEATH	1?
190 DATE OF OPER. 210. ACCIDENT WAS UIT OR CONTRIBUTING (IF EITHER NOTIFY MEI 21d INJURY OCCU	CAUSE OF DEATH		M. MONTH D.		21c HOW	INJURY OCCURR	RED (ENTER NATURE	OF INJURY I	N ITEM 18	PARTIO	R PART 2)		
214 INJURY OCCU		21e PLACE		19	21f LOCAT	ION							_
WHILE NOT V	ORK		EET, FACTORY, OFFICE, F	FARM, ETC)	STRE	ET	c	ITY OR TOWN		C	YTAUC	51.	ATE
22a I certify that a	(this hospito	OVEMBI	e deceased from_ TR 25 19_ after death.	OCTO 85	BER 2/	, 19 <u>85</u> (aur) apinion o	, toNOV	TEMIRE	ond ho	19	85_ from the	that (IXw	re) lo: ted
226. SIGNATURE		1/11	1/16		DEGREE		1				2c DATE		1
1/he	me	AL	Mel	100		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	N		111	35%	18
228 PHYSICIAN'S N	NAME LIYPE OF	RICITI	11/	191	22e ADDR	iss n	1,41	/			7	/	
Same	1856	4- 8	1///				166						
BURIAL, CREMATION	, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OF	RCREMATORY	23d LOCATIC				MIN		415
BURIAL, CREMATION (SPECIFY) Buri							CITY OR T	OWN	Ba	cou	more	Mar	ATE TYL
(SPECIFY) Buri UNERAL DIRECTOR	al	11/2	27/85 н			Cemeter	CITY OR T	1k	. REGIS	Iti	more SIGNAT	Mar	yl
(SPECIFY) Buri FUNERAL DIRECTOR NAME	al Duda-R	11/2 uck, Ir	27/85 н	oly R		Cemeter	Dunda E REC'D. BY REG	1k ISTRAR 251	. REGIS	Iti	more SIGNAT	Mar	yl

Dundalk.

MD

7922 Wise Avenue.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Fault the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

NDING PHYSICIAN. The low

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or ottending physician.

BP.

IMPORTANT: If Hem 21 is morked or Hem 18 spows ony injury, or other troumotic event, the

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24	2087)
•) 1	AUO!	

mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

FOR STATE REGISTRAR

9	TATE	OF MA	ARYL	AND	
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
CEI	RTIFIC	CATE	OF I	DEATH	

112 0 10 1111 111					KEG. I	10.			
1. DECEASED NAME FIRST	MIDDLE	L	AST		20 DATE OF DEATH	HTMOM	DAY YEAR	2b. HOUR	5
LILL	IAN M	STIC	CKEL			11	3 85	6	Рм
3. SEX	4. RACE	5 DATE C	OF BIRTH		6 AGE IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 2	
Female	white	MONTH 6	PAY	23	62	YRS	MONTHS DATS	HOURS	MIN.
Ja. BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8			9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
Maryland	U.S.A.	WIDOWE		VORCED .		more			MD.
Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST St. Agnes Hos	TREET ADDRESS)	OR OTHER INS	TITUTION	(TYPE OF WORK FOR MOST Housewif	OF WINDY ING L		Make	
USUAL RESIDENCE (IF NURSING HOME 130 STATE Maryland	E OR OTHER INSTITUTION GIVE RESIDENCE 8	BEFORE ADMISSION)	13d INSIDE C	ITY LIMITS?	13e.STREET ADDRESS 536 Sout	/ ZIP COD	talou St	reet	2122
IL FATHER'S NAME			15. MOTHER	S MAIDEN NA					
Herman	Tho Tho	mas		Mary	MIDDLE b		B	aker	
160 WAS DECEASED EVER IN U.S.		SECURITY NO.	17 INFORMA	INI	ADDI	ESS			
I YES, NO OF UNKNOWN] (IF YES,	215-14	1-4287	Georg	ge Mitc	hell Sam	e as l			
PART I. DEATH WAS CAL	only one couse per line far (a), (b) USED BY: DIATE CAUSE (a) DUE TO, OR AS A CONSE	no R	ul un	mony	anest		BETWEEN	MATE INTERV)E ATH
Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	EOUENCE OF	ur-	pous	in to 02				
	IT CONDITIONS CONTRIBUTING	0					IVEN IN PART 1	a	
o ke unent	Pulumony 1	grusum			macowa by				
Pe ument 190 DATE OF OPERATION 10 - 10 - 8	Cholecyste	U		op Choi	VEC DINOTE		ES, WERE FINDIN IFYING CAUSES YES []		H?
	DEATH HOUR A.M. MONTH	DAY YEAR	21c HOW IN	ÜÙRY OCCÙR	RED (ENTER NATURE OF IN)	URY IN ITEM 18	PART OR PART 2)		
21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATI	ON		_			
OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FICE, FARM ETC)	STREE		CITY OR I	OWN	COUNTY	\$1	TATE
	aspital) attended the deceased fro	om		. 19	, to		, 19,	that (I) (w	ve) lost
sow the deceased alive	an	19, ar	nd that in (my	(our) opinion	death accurred on the	dote and ha	our and from the	causes sto	ted
22b. SIGNATURE	16.1	l Freiji	DEGREE	ATTENDING PHYSICIAN [AFF ICIAN 🎮	22c. DATE		87
22d. PHYSICIAN'S NAME (TY)	22e. ADDRES	SA1+					
230 BURIAL, CREMATION, REMOV		23c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		e counts a		AM P
(SPECIFY) Burial	11/6/85	Crest	Lawn Ca	emeterv			arroll	21	Md

BP1377

to Funesal prector, should be detached for un with the State Dept. of He IMPORTANT, If them 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

George J. Gonce 4001 Ritchie Hgwy Balto Md

750 (NG) OBGE 10858 74 BEGISTEARS SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCIENE

								REG. N				
	CEASED NAME FIRS			AIDDLE		AST	20 DATE OF D	EATH	HINOM	DAY	YEAR	26 HOUR
	FRA	ANCIS	3		ST	IELPER			11	14	85	5:501
3. SE	X	4 F	RACE		S. DATE C		6. AGE (IN YEAR	S LAST BIR	THDAY}		ER I YEAR	IF UNDER 24 HRS
-	MALE		WH]	ITE	8	16 05	80		YRS			
	IRTHPLACE (STATE OR FOREIG	3∾ 7b	CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9 BALTIMORE	CITY C	R COUN	TY OF D	EATH	
	aryland		U.S	S.A.	WIDOWE		Bal	timo	re C	ity		٨
	ITY OR TOWN OF DEATH	- A11.		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OC				KIND O	F BUSINESS C
В	altimore			Agnes Hos			Maint				Hosp	ital
SU	AL RESIDENCE IF NUR WHO		ME INSTITUTION.	GIVE RESIDENCE BEFOR	E ADMISSION)							
		COUNTY Ralti	more	Relay	/N	13d. INSIDE CITY LIMITS?	3316 W				vd.	21227
_	ATHER'S NAME		INOLO	110107		15 MOTHER'S MAIDEN N		20111	11900			0100,
	Leonard	MIDE Fr	ancis	Stielr	or	Anna		MIDDLE			Sch	midt
a \	WAS DECEASED EVER IN U.			16b SOCIAL SECT		17 INFORMANT		ADDRI				
and the same	YES NO OR UNKNOWN) (18 Y	YES GIVE WA	AR OR DATES)	215-09-	0654	Francis G.	Ctiolnor	221	7 1470	chin	212	2712
	Conditions if any whi	ich (DUE TO, OF	S AS A CONSEOU								ISOIC ~
MOIN	C.O. P	ANT COM	DUE TO, OR B) DUE TO, OR (c)	R AS A CONSEOU R AS A CONSEOU STEAP MIR DITRIBUTING TO	ENCE OF ENCE OF OLOCUM DEATH BUT	NOT RELATED TO THE TER					PART 1cc	3
TIFICATION	gave rise to immedia cause (a), stating ti underlying cause la	ANT COM	DUE TO, OR B) DUE TO, OR (c)	R AS A CONSEOU R AS A CONSEOU STEAP MIR DITRIBUTING TO	ENCE OF ENCE OF OLOCUM DEATH BUT		70a AUTOPS		20b. IF Y	res, wer	PART 100	
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	gave rise to immedia couse (a), stating it underlying cause la PART 2 OTHER SIGNIFIC. 19a DATE OF OPERATION 71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	ofe the list and con one of the list and con one of the list and con one of the list and contours and contour	DUE TO, OF b) DUE TO, OF (c) NDITIONS CC 19b. CONDI 71b. TIME O HOUR A./	R AS A CONSEOU R AS A CONSEOU STAPP TION TION FOR WHICH FINJURY M. MONTH D M.	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TER	700 AUTOPS YES RRED (ENTER NATUR	5Y?	20b. IF N	YES, WER TIFYING YES 8 PART TO	PART 110 E FINDIN CAUSES	IGS USED OF DEATH?
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	gave rise to immedia couse (a), stating it underlying cause la underlying cause la PART 2 OTHER SIGNIFIC. 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF ETHER NOTIFY MEDICAL EX. 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EX. 27d. 1 certify that (I) (this saw the deceased all obove, (I) (we) (did) (couse of the deceased all obove, (I) (we) (did) (couse of the deceased all obove, (I) (we) (did) (couse of the deceased all obove, (I) (we) (did) (couse of the deceased all obove, (I) (we) (did) (couse of the deceased all obove, (I) (we) (did) (couse of the deceased all obove, (I) (we) (did) (couse of the deceased all obove, (I) (we) (did) (couse of the deceased all obove).	ANT CON ANT CON OF DEATH (AMINER) hospitol) ive on did not vi	DUE TO, OF b) DUE TO, OF (c) NDITIONS CC 19b. CONDI 21b. TIME O HOUR A./ 21e. PLACE (AT HOME, STR Ottended the	R AS A CONSEOU R AS A CONSEOU R AS A CONSEOU TION FOR WHICH FINJURY M. MONTH D M. DF INJURY BET, FACTORY, OFFICE deceased fram 19	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TER N WAS PERFORMED 21c. HOW INJURY OCCU 21f. LOCATION 5186ET 19 35 1d that in (my) (our) apinion	78a AUTOPS YES N RRED (ENTER NATUL	SY?	20b. IF Y IN CER	YES, WERT TIFYING YES	PART 1:00 PART 1:00 PART 7:10 PART 7	IGS USED OF DEATH? NO STATE
MEDICAL CERTIFICATION	gove rise to immedia couse (a), stating the underlying cause la PART 2 OTHER SIGNIFIC. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 27a.1 certify that (1) (this saw the decased all above, (1) (we) (did) (c.) 27b. SIGNATURE	ANT CON ANT CON OF DEATH (AMINER) hospitol) ive on did not vi	DUE TO, OF b)	R AS A CONSEOU R AS A CONSEOU R AS A CONSEOU TION FOR WHICH FINJURY M. MONTH D M. DF INJURY BET, FACTORY, OFFICE deceased fram 19	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TER N WAS PERFORMED 21c. HOW INJURY OCCU 21f. LOCATION 518EET 19 8 10 that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 276 ADDRESS	70a AUTOP? YES N RRED (ENTER NATULE) , to 11 n deoth accurred of the control of	SY? NO CHE OF INJUING THE OF TO THE OF T	20b. IF Y IN CER RY IN ITEM 1	YES, WER TIFYING YES [] 8 PART 1 O	PART 1:0 E FINDINCAUSES RPART 2} DUNIY from the 2c DATE	AGS USED OF DEATH? NO STATE that (I) (we) Ic couses stated SIGNED
	gove rise to immedia couse (a), stating it underlying cause la underlying cause la PART 2 OTHER SIGNIFIC. 19a DATE OF OPERATION 71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 71d. INJURY OCCURRED WHILE AT WORK AT WORK 170a. 1 certify that (1) (this saw the deceased all obove, (1) (we) (did) (c.) 22b. SIGNATURE	ANT CON ANT CON OF DEATH (AMINER) (TYPE OR PRI	DUE TO, OF b)	R AS A CONSEQUE R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D M. DF INJURY EET, FACTORY, OFFICE II deceosed from 19 other deoth.	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TER N WAS PERFORMED 21c. HOW INJURY OCCU 21f. LOCATION 518EET 19 8 10 that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 276 ADDRESS	78a AUTOPS YES N RRED (ENTER NATUL	SY? NO CHE OF INJUING THE OF TO THE OF T	20b. IF Y IN CER RY IN ITEM 1	YES, WER TIFYING YES [] 8 PART 1 O	PART 1:0 E FINDINCAUSES RPART 2} DUNIY from the 2c DATE	AGS USED OF DEATH? NO STATE That (I) (we) It couses stated SIGNED

BP.

TO FUNERAL DIRECTOR. After the should be detached for use as the with the State Dept. of Health and

TO HOSPITAL OF etained by the and Mental Hygiene prior to burial, cremation.

If Item 21 is marked or Item 185

MPORTANT:

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 11/18/85

Loudon Park Cemetery

Baltimore

Maryland

24 FUNERAL DIRECTOR 21229 ADDRESS 21229 4107 Wilkens Ave. Hubbard Funeral Home, Inc.

NOV 1 5 1985



2170	13	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AN CERTIFICATE OF		NE REG. NO	
1 75	-0		CEASED NAME FIRST	MIDDLE	Shiver	S 2	DATE OF DEATH MON	NOV 85 2126 M
4 may ecter, po		1 SE	Female	CAUCASI AN	5. DATE OF BIRTH	F YEAR 6	AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
depth in 72 hou	55		COUNTRY) MD	76 CITIZEN OF WHAT COUNTRY?	WIDOWED	DIVORCED [BALTIMORE CITY OR CO	OUNTY OF DEATH MD.
by the t	38		Buto.	11. NAME OF HOSPITAL, NURSIN (INNOT IN SUCH FACILITY, GIVE STREET W. V. OF. M	D HOSP	NSTITUTION II	TYPE OF WORK FOR MOST OF VIOR	IXING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
24 hor y filled in should be	BE	3a. 3	TATEMD 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c CITY OR TOW BALLO	N 13d INSIDE	NO 🗆	611 S, Ch	CODE Heles ST/21230
Loli-	300		Clybe E		urs v	R'S MAIDEN NAME	ADDRESS	White
	la medic		YES, NO OR UNKNOWN) (IF YES, GIVE	ZIZ-4Z-	6089 Cl	war	-	ADDRAY W. M. MA
certificati ng physe benade	C sweet, 1		PART I. DE ATH WAS CAUSED	y ane cause per line far (a), (b), and BY: E CAUSE (a)		ock		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death e attendi move con uprion, o	fround		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A SONSEQUI	rentaicus	Ine Fail	use	5 has
ed by the	or other		cause (a), stating the underlying cause last	107	consider 1	Lypenkn.	sion	?
e require sen sign cor to bu	ny minny	ATHON	Thrombo	ONDITIONS CONTRIBUTING TO I	e this He	Tie mi)	DAL VALVE 200 AUTOPSY? 1206	
A The language has been been been been been been been bygiene permygiene p	Shows	CERTIFICATION	7 NOV '85	Thrombosep 216 TIME OF INJURY	MITTAN U	HUE INJURY OCCURRED	YES NO	CERTIFYING CAUSES OF DEATH? YES NO NO
ding phy us certific burgitte Mental H	7	MEDICAL O	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21/ LOCA	TION		
DING PA or other After the seath ond	morked	MI	NOT WHILE AL WORK 220 certify that (i) (this hospit	(AT HOME STREET, FACTORY, OFFICE F	ZNON	10 0/5	city or town	COUNTY STATE
hereof to a sept of H	hem 21 o		saw the deceased alive an abave, (1) (we) (did) (did not 22b. SIGNATURE	view the body after death	ond that in (m	ny) (aur) apinian dec	th accurred on the date o	nd hour and from the causes stated 22c. DATE SIGNED.
SPITAL C d by the NERAL D be detor	TAM!		22d PHYSICIAN & DIAME (TYPE OF	Carl Sar	lh MI 22e ADDR	PHYSICIAN [] [MEDICAL STAFF DIRECTOR PHYSICIAN	7 100 85
TO HO TO Flor should with the	WPOR	13a 8	J. CIA		22 NAME OF CEMETERY O	S. OROL	23d LOCATION	Enlo.
BP	7/84	R	WERAL DIRECTOR	1/11/85	eadou		2350 An EC'D. BY REGISTRAR 256, F	REGISTRAT Y SIGNATURE
(VRA 15, 4		2	acles. O. S.	teresofenes	ethne	LI NO!	08 1985	

